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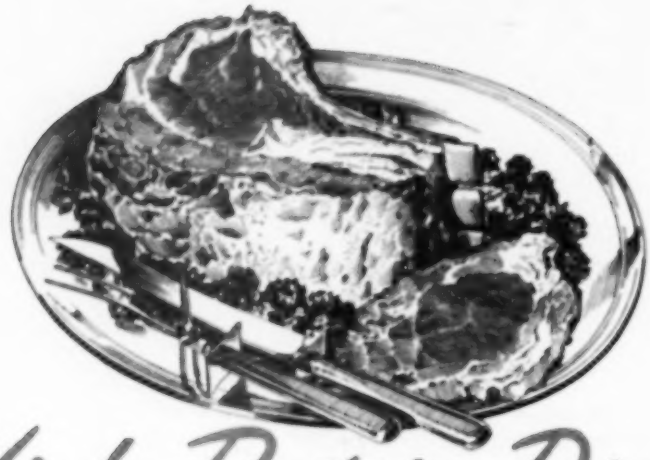

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*McLester, J. S. Protein Comes Into Its Own, J.A.M.A. 139:897 (April 23) 1949.

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SAUNDERS BOOKS

Jamieson & Sewall's Trends in Nursing History

Nursing history is skillfully blended here with significant events and movements in *general history*. The authors deal with events rather than people. The history of women has been emphasized, for nursing has been identified with woman's life and work since the beginning of time. This book will help the nurse appreciate the problems of early leaders and their efforts to add impetus to the growth of nursing and public health work. The *Third Edition* includes chapters on World War II, International Relationships and Nursing Economics.

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Designed for the short course in nursing history, the *New (3rd) Edition* of this book describes the chief events in nursing history and discusses the outstanding men and women who made or changed that history. Events are related in an equally vivid but more condensed form than the author's *Nursing History*. For this latest edition, changes have been made in virtually every page, and new sections are included on Geriatrics and Industrial Nursing.

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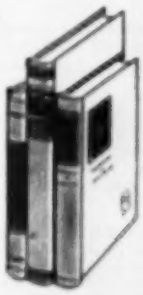

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Nursing World

JULY, 1950
Volume CXXIV No. 7

Cover: June Reynolds, who is now on Psychiatric affiliation at John Sealy College of Nursing, senior student, at Methodist Hospital, Dallas, Texas. Read complete story page 320.

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Executive and Editorial Offices
468 Fourth Avenue
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CONTENTS

		Page
Nursing Survey		300
News For Nurses		302
The World And The Nurse		307
The Polio Alert Is On . . .	*Trudy Whitman and Doris M. Jacobs, R.N.*	310
Then And Now		312
The Progress Of A Vision	*Irene M. Duffy, R.N.*	314
The Psychic Income Element Of Nursing	*Elizabeth E. Fink, R.N.*	316
Students Set Standards For Group		317
Mental Disease Is America's No. 1 Public Health Problem	*Edward F. Perreault, R.N.*	318
Fashions and Grooming	*Gail French*	319
A Day In The Life Of June Reynolds	*Mary Price Smith, R.N.*	320
Medical Research		322
Hospital Standards And Supplies		324
The Current Books		325
Nurses In The News		326
Medical Crossword Puzzle	*Alan A. Brown*	328
The Industrial Nurse And Interpersonal Relationships	*A. B. Abramowitz, Ph.D.*	329
Nursing In A Small Southern Plant	*Frances C. Parker, R.N.*	331
Excerpts From Industrial Health Conference		332
Industrial Nursing Q and A	*D. Lauderman Boxer, R.N.*	334
Time's A Wasting	*Mary R. Shelton Percival, R.N.*	335
International Health News		341

Published monthly. Publication office, 3110 Elm Ave., Baltimore 11, Md. Editorial office, 468 Fourth Avenue, New York 16, N. Y. Entered as second class matter at Baltimore, Md. Copyright, 1950, by Joseph Kruger. All rights reserved.

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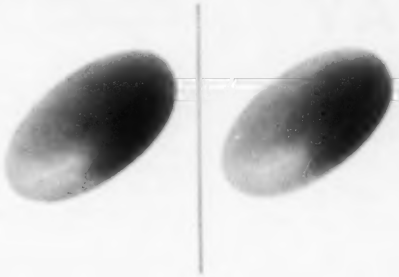

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Nursing Survey . . .

The Role of the N.N.A.S. in Unification

At a meeting of the Teachers College nursing education club on May 17, 1950, Miss Julia Miller, acting director of the National Nursing Accrediting Service, expressed the feeling of many nurses when she said "There is a definite need for unified evaluation of progress in nursing, functioning at a national level."

In further discussion of this need, Miss Miller stated that nurse leaders have been slowly working at unification for some years, realizing that the objectives of several organizations were overlapping. These groups, each having their own accrediting systems, were the National Organization for Public Health Nursing, the Association of Collegiate Schools of Nursing, the Catholic Collegiate Schools of Nursing, the National League of Nursing Education, and the National Association for Practical Nurse Education.

There are five major objectives to be served by unification:

1. To describe the characteristics of the schools which are worthy of public recognition.
2. To guide prospective students in the choice of a school of nursing which will meet their needs.
3. To serve individual schools as a guide in inter-institutional relationships, such as the transfer of students, the placement of graduates, and the selection of faculties.
4. To assist secondary schools, colleges, and universities in advising students in the choice of schools and in providing necessary academic backgrounds.
5. To stimulate continued improvement of nursing education throughout the United States.

Steps Toward Unification

A major step in the unifying process was made at the 1950 Biennial Convention, in San Francisco, when six national nursing organizations banded together to form a joint board. The six groups were the American Association of Industrial Nurses, the American Collegiate Schools of Nursing, the American Nurses Association, the National Association of Colored Graduate Nurses, the National League of Nursing Education, and the National Organization for Public Health Nursing.

This joint board is under the chairmanship of Elizabeth Bixler, and consists of four chief committees and several sub-committees. The four branches are: the National Committee for the Improvement of Nursing Services, under Mary Ellen Manley; the Committee on Careers, under Theresa Lynch; the Committee on Unification of Accreditation Activities, Veronica Lynes; and the Committee on Practical Nursing and Auxiliary Workers, Elizabeth Phillips. The Committee on Accreditation Activities has as its main sub-committee the National Nurse Accrediting Service, which began functioning in January, 1949.

Preparatory Measures

Realizing that nursing needed considerable assistance in setting up machinery for production, educators, nurses, hospital administrators, doctors, and others were consulted. The plan of organization, the statement of general policy, criteria, and procedure for evaluation of educational programs in nursing, was drawn up and published in the "Manual of Accrediting Educational Programs in Nursing." A number of workshops and institutes were also held throughout the country.

How Does the N.N.A.S. Operate?

The procedure demands that the school apply for accreditation. Then two surveyors visit the school over a period of four to six days. There are four boards of review, each passing on one of the following phases of a school's program: basic non-collegiate, basic collegiate, public health program and post-graduate program.

The school pays $50 per surveyor per day and it also pays an application fee according to the programs to be evaluated. One program costs $50, two cost $75, and three cost $100. Whatever the application fee amounts to, the annual fee is set at the identical sum. Thus, a two-program evaluation would cost $75 for the application fee, plus $75 for the annual fee, plus $50 per day per surveyor.

Each board of review has five members and five alternates. Copies of the report of the surveyors are sent for the school's use. There is no time limit on the frequency of these surveys.

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References

1. Combes, F. C., Zuckerman, R. and Canizares, O: Diatrin Hydrochloride; A New Antihistaminic Agent for the Treatment of Pruritus and Allergic Dermatoses, *Ann. of Allergy*, 7:676, 1949.

2. Kugelmass, I. N.: Antihistaminic Therapy of Allergic Disorders in Infants and Children, *N. Y. State J. M.*, 49:1313, 1949.

3. Combes, F. C., Zuckerman, R. and Canizares, O.: Diatrin Hydrochloride; Clinical and Toxicologic Studies of a New Antihistaminic Agent, *J. Invest. Dermatol.*, 13:139, 1949.

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News For Nurses

New Legislation Authorizes Commissions For Medical Department Women

Many former Army and Air Force nurses, dietitians, physical therapists and occupational therapists, who served during World War II are now eligible for commissions in the Regular Army or Regular Air Force under the terms of an amendment to the Army-Navy Nurses Act just enacted by the Congress.

The bill, which has been pending action since October 1949, became Public Law 514 on May 16. It opens integration into the Regular Army or Air Force for a period of one year for those World War II nurses and other Medical Department women who had not reached their 35th birthday at the time of entrance on extended active duty, regardless of their present age.

The provisions of the amendment apply to Reserve nurses now on extended active duty with the Army Nurse Corps or Air Force, civilian nurses holding Reserve commissions, and also to former Army nurses who are not now actively commissioned.

Under this law, all applicants honorably discharged or relieved from active military duty after May 12, 1945 will be credited with service from the period of termination of duty to the date of appointment in the Regular Army or Regular Air Force.

A.R.C. Disaster Nursing Service Responds Promptly To Emergency Calls

The terrific explosion at South Amboy, New Jersey, on May 19 brought immediate response from nurses in surrounding communities to assist in care of the more than 350 injured, the American Red Cross Nursing Services reported recently.

From Friday night until Sunday morning 174 nurses volunteered for service and assisted in care of disaster victims in hospitals, at emergency medical stations and in shelters. Three nurses from the Red Cross Eastern Area staff were at the scene within five hours after the explosion to supervise Red Cross disaster nursing activities.

Even after the emergency period had ended and need for the large number of volunteers diminished, nurses were still required for home visits.

Do You Wish To Qualify For "The Mary M. Roberts' Award?"

The Board of Directors of the American Journal of Nursing Company announces with pleasure the establishment of the Mary M. Roberts' Fellowship, a competitive fellowship, the purpose of which is "to assist a qualified professional nurse to prepare herself in the technical aspects of writing about nursing and nursing education for professional and lay publications."

The criteria for making the award will be the general professional qualifications of the candidate and her interest and facility in writing.

One of the requirements for candidacy will be a specially prepared manuscript on some subject pertaining to nursing.

The award will provide a sum of $2,500 to $4,000, the exact amount to be determined by the Award Committee, for one academic year of study in a college or university. The

Challenging Fields...

. . . are open to the graduate nurse as an officer in the Nurse Corps of the U. S. Army or the U. S. Air Force. An excellent opportunity exists to continue your nursing education. You can keep pace with medical progress, learn new skills, and fit yourself for practice in many challenging special fields of nursing. For those who qualify, courses are offered each year in outstanding military medical centers. They include anesthesiology, operating room technique, neuropsychiatric nursing, and administration. While you learn, you receive full officer's pay and allowances, paid vacations, retirement credits, and many other benefits. For details, write to the Surgeon General, United States Army, or the Surgeon General, United States Air Force, Washington 25, D. C.

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News For Nurses

award will be made in the late summer.

Nurses who wish to qualify for this award may get the necessary application blank by writing immediately to "Fellowship," American Journal of Nursing, 1790 Broadway, New York 19, N. Y.

Illinois Survey Reveals Critical Shortage of R.N.'s

Forty-four per cent more registered professional nurses are urgently needed in Illinois, a state-wide survey has revealed. The supply of registered nurses is 18,776 below current needs, with a total of 17,703 nurses now available. The survey shows an even greater shortage in non-professional nursing personnel—practical nurses, nursing aides, orderlies, and attendants. More than twice the current supply of 10,329 is needed.

In the study recently completed by a joint committee representing nursing, education, medicine, hospitals, and public health agencies, shortages in each field of nursing were investigated.

One third more professional nurses and twice as many non-professional personnel are needed to eliminate the current shortage in the hospitals of the state, according to the survey. By 1960, when construction programs will provide 52,800 new hospital beds, additional personnel totaling 5,558 registered nurses, 1,265 administrators and supervisors, and 9,735 non-professional nursing personnel will be required.

Hardest hit in the current shortage are the state's mental hospitals where five times the number of professional nurses and four times the number of non-professionals are needed. Also termed critical is the shortage of personnel to care for the aged and chronically ill, the survey showed. If these needs are to be met, 693 additional professional nurses and 2,221 non-professional nursing personnel must be found.

Illinois now has one public personnel nurse for every 8,200 persons, with an additional 664 needed to bring public health nursing services to the accepted ratio of one to every 5,000 persons. Based on the approved ratio of nine hours each week of industrial nurse service to each 100 employees, the state needs 6,907 industrial nurses—5,507 more than now employed. However, few of these additional positions are now provided in industry, the survey pointed out.

One solution to the shortage of registered nurses is reducing the number of nursing students who withdraw from schools of nursing prior to graduation. In 1946, one third of the nursing students dropped out before graduation.

"By continuing to admit 5,000 nursing students each year and reducing the number of students who withdraw to 25 per cent, the shortage of graduate nurses can be eliminated by 1960," the report stated. As an alternative, nursing schools in Illinois would need to admit 500 additional nursing students each year.

The report also recommends study of nursing schools where a large percentage of the graduates fail to pass state examinations for registered nurses. Fifty per cent of the graduates of some schools fail to pass the state examinations. Further recommendations on increasing the number of non-professional nursing personnel will be made by the committee as the result of the survey.

The survey was conducted during April and May by the committee on the Improvement of Nursing Services in Illinois, with Nellie X. Hawkinson, representative of the nursing organizations, as chairman.

The Division of Nursing Resources of the U. S. Public Health Service assisted in the survey.

(*Continued on page 344*)

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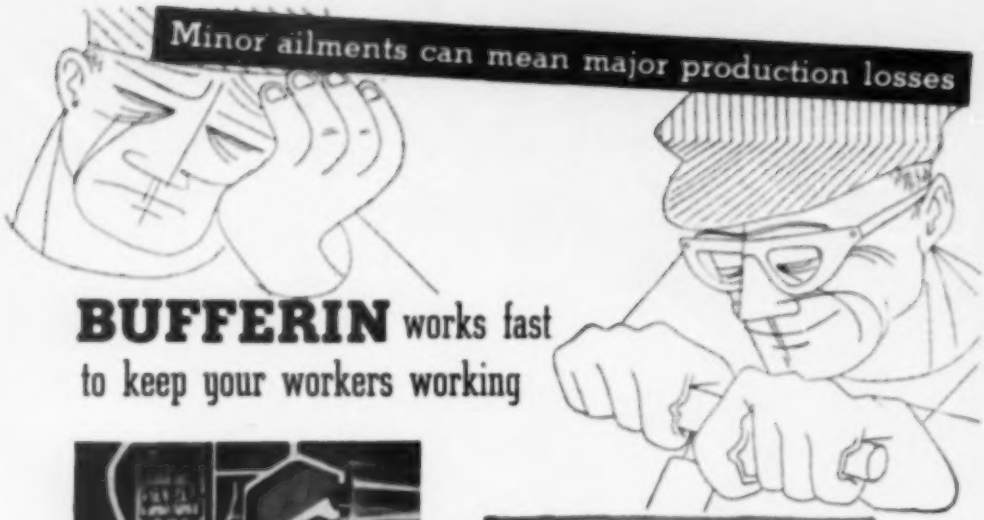

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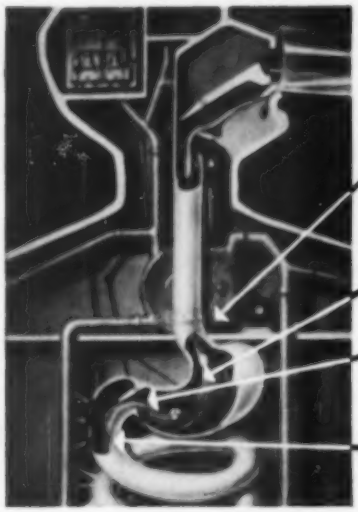

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The World and the Nurse

International Teamwork Needed to Solve Health Problems for the Years Ahead

WORLD WAR II is moving into history, but many an American nurse who became an internationalist (with a suddenness she will always remember) will agree with Dr. Henry R. O'Brien, International Health Relations, Public Health Service, who said recently:

"One thing the war months taught me, without the shadow of a doubt. It is possible, even easy and certainly pleasant, to work with doctors and nurses from other countries. French, Egyptian, English, Scotch, Irish, Yugoslav, Czech, Greek, Palestinian, American, Australian, New Zealand, Chinese, Dutch, Malay, Filipino, Siamese, Burmese, Indian, South American, Japanese —the important thing is the individual's training, ability and personality. His tint does not matter, though as for speech you do have to find some way of communicating ideas. But we can work together, and that discovery, which many of us have made, is important for the years ahead."

Nursing Demands Increasing

These are the "years ahead." So many demands are already being made upon the profession of nursing in the United States that the responsibility of world citizenship is only one challenge among many. Nurses must consider home problems of many kinds, but they cannot afford to be isolationists.

The quantity of available nursing service, according to a recent report from the World Health Organization, varies among nations from those with none whatever for millions of people to those with one nurse for approximately 400 persons. Even in nations with highly organized health services, hospital beds are unused and new health programs are impeded for want of nurses. In England and Wales, for example, there were 5,000 beds available for the treatment of tuberculosis which remained empty because of the lack of trained nursing personnel. In India, only 100 to 200 nurses were employed in anti-tuberculosis work, whereas the actual needs were estimated at 10,000 in that one field.

There is perhaps not a great deal that one typical American nurse, working, let us say, on a maternity ward in a town hospital, can do about this situation in world nursing. Yet there is the world need, and the national need; and there is world opinion, and that force called "public opinion." The typical country nurse may be no internationalist, but along with the rest of her profession she is important in forming public opinion.

A Korean nurse receiving home nursing instruction in the care of an elderly woman. Home teaching is only one phase of the work introduced by the American Red Cross to the Korean Red Cross.

Calls for World Support

In nursing outposts throughout the world there are at this minute professional nurses who have gone out in advance of present day "public opinion." They are facing the staggering problems of health in the backward countries at considerable sacrifice to themselves and without complete, all-out support from most of the world.

Such a nurse is Ruth Ingram who, although she studied nursing in the United States, has spent most of her life in China. With the World Health Organization she has worked very large-

ly in the interior, often in completely isolated regions of the North and North West. She writes from an oil field near Kuchuan: "This hospital is operated for the 7,000 staff members and workmen in the field. Situated in this distant corner of the Gobi Desert, life soon becomes lonely and monotonous. Doctors and nurses are far removed from professional competition and stimulation.

"A pall of black smoke hangs over the field constantly, but the fuel oil which causes the smoke makes this the best heated installation in winter in all China. Every scrap of food has to be trucked in from distant places. There is little recreation or amusement . . . and there is no town to visit for entertainment.

Self-discipline Required

"The setting, to a large extent, explains the unsatisfactory conditions which exist in the hospital. It requires a high degree of self-discipline to maintain personal and working standards for any length of time in such a situation. . . ."

In China, where rice fields and the malaria mosquito seem to go together, and the sick man becomes a hungry man who cannot grow food for his family, the problem of malaria alone seems almost insurmountable.

Here is the description of a typical Asiatic scene: "Outside a narrow slit in the mud wall, digging with a stick in a heap of stinking fly-covered refuse, was a scrawny boy of about two. He turned his big hollow eyes up into ours, wondering, as we stooped to go through the slit in the wall. This slit, it seemed, was the main entrance to the 'bangbi' or sweepers' colony in New Delhi. By now a dozen or more unkempt children of all ages were swarming around. . . . Some of the youngest, their eyes swollen almost shut in yellowish-white pus and with black flies sticking to them, were so thin and weak that they could not hold up their heads. Their bony legs and arms hung limp against the bodies of those who held them. Malnutrition and disease might be their lot as long as they lived. . . ." That is the report of a WHO staff member who visited India recently.

Agreement of WHO Delegates

There is little need to describe other such scenes in South East Asia where millions of hungry people live in the teeming cities and on the wasted land. Recently delegates to a WHO conference met at New Delhi. They represented Afghanistan, Burma, Ceylon, India, Thailand and French and Portuguese India, 400 million people. They agreed to pool existing facilities for personnel training and for various types of research work. The needs are so vast and the men and women trained to do the work are so few in numbers that unprecedented international teamwork is called for.

Exchange of Knowledge

If people were like pigeons there would be little point in planning. Observers have noted that generations of pigeons have built crude, clumsy nests almost next to the finely engineered nests of generations of robins—but no pigeon ever benefited one bit by seeing a robin build a good nest. Men are not like this, and within the makeup of the most backward of peoples is that most wonderful ability to learn and remember.

Nursing education has been carried on internationally. Among the several objectives of the International Council of Nurses, the federation of nurses' national associations, is the exchange of knowledge and of educational opportunities among the nurses of various nations.

International Nursing Activities

Recently International Activities of Nursing Services, the American National Red Cross carried on a number of programs designed to strengthen Red Cross nursing activities throughout the world. Early this year Miss Karin Hallmen of Sweden arrived in the United States to study nursing education. Miss Shio Hayashi of Japan, who came to the United States to study under the same program of Red Cross, said recently that the postwar problem of enlisting student nurses is as great in Japan as in this country. "The democratization of women, which is a blessing in one way to the nursing profession—as to all others in Japan—is a great handicap in another way.

Now that women are free to enter many other professions (in fact they have to in order to live), they are turning away from nursing because other careers offer better salaries. The average monthly salary of nurses in Japan is 6,000 yen, or between 20 and 30 dollars. There is the further complication of what amounts to 'black market'

U.N.R.R. Photo

In Mexico, rural immunization clinics are held for the protection of the population against smallpox, diphtheria and typhoid fever. These precautionary measures are part of the regular prevention program.

Children in a Shanghai tuberculosis clinic, sponsored by the WHO, lining up for tuberculin testing prior to BCG inoculation in case of negative reactions. They await their turn to receive treatment.

The public health nurses of the WHO-UNICEF malaria team instruct Malnad school children in preparing toothbrushes from twigs. Twigs and powdered charcoal dentrifice are within the means of all.

salaries in some hospitals."

Other recent students here under the Red Cross program included Miss Benigna Niggi, Bavaria (Germany); Miss Emilie Frank, Bremen (Germany); Miss Jane Martin, France; Miss Jacqueline Vacherot, France.

Misses Martin and Vacherot feel that with the support of the French Red Cross in establishing a new postgraduate school, and with the increasing public awareness of the need for maintaining adequate salaries for nurses, the acute problem of nursing service in France will lessen considerably.

Outstanding Example

The story of international nursing is not always one of shortages, of lonely places, of pestilence. There are examples that point the way. In June 1944, for instance, Ella Hasenjaeger, nurse consultant of the Institute of Inter-American Affairs, was sent by the Rio office of that agency to the city of Sao Paulo to stand by the struggling young school of nursing. The years that followed were full of trials that required not only skill but courage and vision. Today the School of Nursing of Sao Paulo, only six years old, has considerable fame for the varied experience given the students, for the quality of its faculty, and for the way of life afforded all of them within its many-windowed walls.

Frances Helen Ziegler, then Dean of the School of Nursing of Vanderbilt University, spent some time at the school during her three-months' visit to Brazil in 1948, and was delighted with what she found there. She remarked afterward that it could stand comparison with any school of nursing in the United States.

Brazil occupies more space than does the United States of America, but does not have the same nursing service. Nursing leaders say there are about 1500 trained nurses in the country of 48,000,000 people, but no more than half of them are actually working as nurses.

Cooperative Health Program

In Peru, a cooperative health program with the United States has been in continuous operation since 1942. There were no public health nurses in that country before that program started. Today public health nurses may make home visits on the waters of the Amazon, floating on the river by "canoa" to the rafts with three sides and thatched roofs that serve as homes. They report that the people of the jungle have beautiful manners—in that locality.

Public Health Nursing

In Bolivia, also, nursing consultants of the Institute of Inter-American Affairs have interested nurses in public health nursing. There are now 53 public health nurses working for the cooperative health program in Bolivia.

The Institute of Inter-American Affairs, the Pan-American Sanitary Bureau, the Rockefeller Foundation, the U. S. Public Health Service, The Red Cross, the World Health Organization, the International Council of Nurses, and many other agencies and organizations large and small are at work today upon the overwhelming problem of world health.

The need for nurses is acute and international. "Without good nursing no national health program can be effective," said the Surgeon General of the Public Health Service in 1946. Today the World Health Organization has noted:

"The increasingly important role played by nurses everywhere makes their shortage felt even more acutely, pioneers and hospital administrators alike. Even though lack of medical and health-personnel is world-wide, nursing is the field in which this present situation is most serious.

"Nurses are needed in greater numbers than other categories of health workers because they have direct, individual contact with people, both sick and well. Furthermore, expansion of public health work and development of new techniques, call not only for an increase, but an improvement in the supply of nurses. Today, they are no longer mere bedside attendants, but are widely-known members of the community and must be trained to act also as health educators."

Not Everybody's Business

Perhaps world health is not everybody's business—for in a section of China there are some peasants with this philosophy: if a friend falls from a river boat and is drowning, they will not reach out to help. They say that he must sink or swim according to "destiny." World health is not the business of anyone who will also submit himself to the loneliness of such a philosophy. Nursing, however, presumes human compassion. There cannot be a good nurse anywhere who will not further the cause of world health in the ways that she finds are within her own power.

Two Thai nurses, in Chiengmai, Thailand, check up on the children's health in a local school in the Serapee district. These nurses work directly under the WHO'S Public Health Nurse attached to the malaria control team.

Public Health Nurse from the SCISP center at Iquitos, Peru, instructs a mother in how to care for her baby. How to improvise materials is taught together with general health care methods.

Near Simla, India, a venereal disease control team of WHO is administering treatment to mother and child for syphilis. VD control campaigns are being launched by WHO in many other European Countries.

UNITED STATES

THE POLIO

by Trudy Whitman

THE polio alert has sounded across the nation. Cases are increasing as is to be expected at this time of year. No one can predict whether incidence will level off at the normal rate of lighter years, or rise to the heights of 1949 when 42,575 cases broke all previous records for this nation. But no one can take chances.

Preparedness measures of the National Foundation for Infantile Paralysis have been stepped up sharply since spring, in cooperation with health, hospital and medical authorities in all communities, to make sure the nation will be ready for whatever occurs.

Particular emphasis has been given this year to development of special programs for trained nurses, to increase their familiarity with the nursing needs of polio patients. Through constant intensification and expansion of its professional education and training programs, the National Foundation has enabled unprecedented numbers of nurses to receive brief but basic training in the specialized requirements of polio nursing.

Thousands of nurses already have attended polio institutes and refresher courses held at more university medical and nursing schools this year than ever before. Large numbers also have attended the regional workshops, provided by the National Foundation through the Joint Orthopedic Advisory Service to bring expert instruction and latest information to all nurses interested in learning the techniques of polio nursing. Clinical teachers of schools of nursing and supervisors of hospital polio wards attended the JONAS workshops held this spring for nurses in the New England and Great Lakes areas. Many returned to their own communities and conducted smaller institutes for local nurses with the cooperation and sponsorship of State Nurses Associations, State organizations of Public Health Nurses, State Nursing Leagues and State Crippled Children's Services.

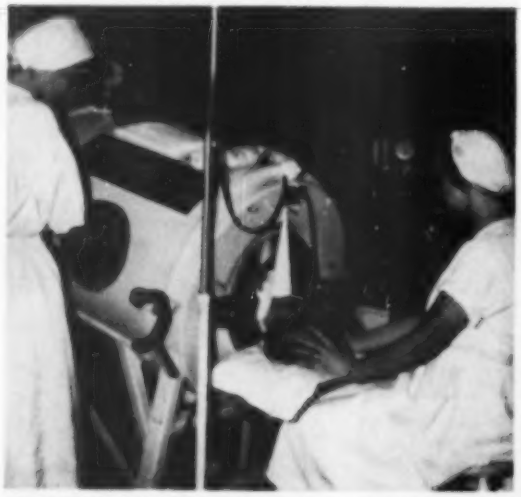
Annual polio outbreaks are inevitable, but their severity and the geographical areas of their attack cannot be foreseen. Wherever the disease hits with any force, additional nurses usually are required to assure adequate care. Hospital staffs swiftly become over-taxed when cases mount and authorities usually are hard-pressed to find competent trained nurses to supplement their own permanent staffs. Greater knowledge about polio nursing, now shared by increased numbers of nurses in all parts of the country, offers the protection of swifter recruitment in areas of need and resultant improved care for patients.

Every nurse in this country remembers the urgent recruitment appeals made last summer by the American Red Cross on behalf of the National Foundation. Many nurses, 2,986 in fact, answered the call to emergency polio duty. But many hesitated, eager to serve, yet reluctant to volunteer because of their own lack of experience or training in polio work.

To overcome this hurdle for nurses, patients and hospitals, the National Foundation this year instituted a system whereby intensive training courses can be instantly set up to provide orientation for any recruited nurse immediately before she goes on duty in polio wards. Wherever nurses are recruited for any community, the Red Cross or the National Foundation representative, at the request of local health authorities now notifies JONAS as to the number of nurses going into the area. A JONAS consultant is immediately dispatched and a course set up at the local hospital best equipped to conduct such training. Such courses are brief and intensive, range from three to ten days, depending upon how much previous polio experience the recruited nurse has had.

This new system is the direct result of experience gained last summer when the critical shortage of polio-trained

(Continued on page 342)



Leila Moore, R.N. (left) eases position of unconscious patient as Mrs. Juanita Johnson checks on oxygen and glucose flow.

Dorothy Gaston, R.N., prepares to draw fluid from tracheotomy opening in neck of Johnny Morgan, a bulbar case.

ALERT IS ON . . .

by Doris M. Jacobs, R.N.

ON November 4, 1949, the nursing section of the Public Health Division, Economic Cooperation Administration Mission to Greece was asked to assist in the care of poliomyelitis patients at the Children's Hospital, St. Sophia of Athens. This 150 bed hospital is the only pediatric teaching center in the country. Students affiliate here from the three schools of nursing, and the two schools of midwifery in Athens. By November 15, 1949, thirty children with this disease had been admitted to the hospital and four deaths had occurred.

The present hospital facilities were overcrowded and the need for additional hospital beds was imperative. Fortunately there was a newly completed seventy-bed surgical-orthopedic building that had not been opened or equipped.

Through the cooperation of the Ministry of Hygiene and the Economic Cooperation Administration, beds and other necessary supplies were obtained from the Ministry of Hygiene Warehouse.

The operating rooms, scrub rooms, and offices were set up as additional wards, thus making it possible to raise the bed capacity to one-hundred ten. Two small rooms were reserved for respirator cases and a physical therapist treatment room was made available. The unit was ready for occupancy by November 18, 1949.

All patients with poliomyelitis were transferred from other sections of the hospital to this building. A directive was sent out by the Minister of Hygiene to all Nomi stating that this hospital was to be the center for all poliomyelitis cases in the country.

Most of the hospital equipment was improvised and many adult beds had to be used because cribs were not available. Three two-burner electric stoves, two clothes boilers, and two old-fashioned wringers worked nicely for applying hot moist packs. The woolen blankets were given by the Greek Red Cross Hospital, and by C.A.R.E. The nurses were instructed in the cutting and application of packs; but, close supervision was required for several weeks due to the frequent changes in personnel. Because of the lack of heat and electricity, the usual four hourly applications had to be cut to two.

Corrugated boxes were used as foot boards for supporting the feet, and elevation of bed clothes. Plaster cast shells were applied at night and removed in the day time. The whole building was considered a single contaminated unit, thus simplifying contagious technique. Gowns were kept at the entrance and visitors were restricted to the mothers of nursing babies. They were admitted to a room set aside for this purpose. A guide for nursing care of poliomyelitis cases was written up and given to the hospital matron for reference as needed.

With the cooperation of the doctors and the physical therapists, muscle tests were performed for spasm and weakness. Orders for hot packs were designated by adhesive tape markers on the beds. These markers included the name and the anatomical location for packing both in Greek and English. Records were kept on each case including date of admission, temperature, pulse and respiration, medications, muscle involvement, deformities, and progress made.

While the teaching of bedside care could be met by the nursing section, need was felt for immediate assistance of a trained physical therapist. Dr. O. F. Hedley, Director of the Public Health Division, placed a request with the Military Section, E.C.A., for a trained physical therapist. Captain Mary BenDure, W.M.S.C., was sent from the 98th General Hospital, Germany. She arrived in Athens on November 23, 1949. By this time, seventy cases of poliomyelitis had been admitted to the hospital and six fatalities recorded. Fifteen other cases had been seen and diagnosed in the Out-Patient Clinic, but not admitted.

Two Greek physical therapists were instructed by Captain Mary BenDure to carry on the follow-up work when she left. The mothers were instructed in muscle re-educational exercises by these two Greek graduate physical therapists who were loaned by the Near East Rehabilitation Center.

By December 23, 1949, almost two hundred patients were cared for at the Children's Hospital, ten deaths recorded and a daily average census of fifty cases. The usual hospital stay was three weeks; but, many patients were discharged much earlier against doctors' advice. Over fifty per cent of the children were between four and five years of age; the youngest was three months and the oldest twenty. Ten patients had facial involvements, and nine of the ten deaths were diagnosed as the bulbar type of poliomyelitis.

At the time this article was written cases of poliomyelitis were still being admitted from the outlying areas of Greece; in April 1950, there were 28 cases on record.

Nurses preparing to give A.M. care to polio victims.

The application of Hot Packs is another form of treatment.

A child receives physical treatment by Greek physio-therapist.

The New York Hospital as pictured here is characteristic of the architecture of 1888. Hospitals of that period were of no great height, three to four stories was about the limit.

Trained Nurse

THEN AN

LOOKING back over the road we have traveled since 1888, when Trained Nurse magazine came into being as the first magazine for nurses to be published in this country, we realize that the time has come for us to take an inventory of the changes which have taken place during these years, and to evaluate the part we have played, and to study the part we should now play in the nursing world.

Back in 1888, when modern nursing was 28 years old in England and officially 15 years old in America, the name "Trained Nurse" was appropriate because nurses were just "Trained" to care for the sick with apprenticeship training the general practice. Today the nurse is becoming an educated professional woman with a broader cultural background.

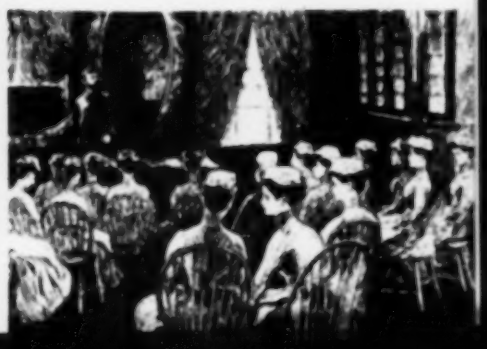
With this wider and more complete education, new and freer methods of teaching have developed. Demonstrations with discussions, projects, panels and symposiums now make a marked contrast to the stereotyped, dogmatic, Herbartian method which was formerly the rule.

In 1948, when Trained Nurse reached its sixtieth year of continuous publica-

An 1894 operating scene, at the College of Nursing and Health, Cincinnati, Ohio. Nurses were regular uniforms. No caps, masks, gowns nor gloves were used and the old open drop method of etherizing was employed.

Below: This picture taken in 1889 shows the atmosphere of a Gynecological ward at the Cincinnati University Hospital. Wooden floors, low beds and gas lights were the facilities in those days.

In 1888, the nursing curricula consisted of some anatomy, materia medica and some lectures on "special diseases." Theory was taught by doctors, using the lecture method.



Nursing World

NOW

tion, we decided that this was the proper time for stock-taking. We set in motion a thorough study, and carefully considered the magazine needs of today's nurses.

By the end of 1948 we were ready to effect many changes in Trained Nurse in order to meet our present-day responsibilities as a professional magazine.

In January, 1949, we introduced our new format, the larger size of our magazine, new, modern presentation of the editorial material, and we started to develop a new editorial formula that has brought timely articles by many of the leaders in the Nursing profession.

And since nurses are no longer merely "Trained," but are educated at our present-day nursing schools, colleges and universities, we know that Trained Nurse is no longer a suitable name for our magazine.

Thus with this July issue we become NURSING WORLD, a name carefully chosen to reflect the inter-relatedness of all nurses everywhere, and one which points up the important place of Nursing in the total health program of our local communities, our nation and the world.

Today's Hospital is an extremely complicated institution, composed of many units. Showing the New York Hospital and Cornell Medical Center—A Medical Center of today.

A modern operating room shows surgical team wearing caps, masks, gowns and sterile rubber gloves. Only the operative area of patient is exposed.

Below: The accommodations of today's hospital ward are vastly different to that of 1888. Now we have tiled floors, curtained units, high beds, high ceilings and modern lighting devices.

A student's presentation in the learning process at the St. Louis University School of Nursing reflects the change in teaching methods since 1888.

The Progress of a Vision

A Plan that Provides Nursing Care and Health Teaching for all the Sick in a City

by Irene M. Duffy, Educational Director
Visiting Nurse Association, Baltimore, Md.

IN the latter part of the nineteenth century a young nurse envisioned a plan which would bring comfort and aid to the sick poor of her city. To think was to act, so this nurse got busy and interested a small group of people in her idea. As a result of the enthusiasm of Miss Evelyn Pope, a graduate of the first class from the Johns Hopkins Training School for Nurses, The Instructive Visiting Nurse Association of Baltimore City came into being on November 25, 1895.

The Constitution and By-laws of the organization were adopted on December 12, 1895. The foundation of the structure can be found in the words, ". . . . to provide trained nurses to visit sick persons otherwise unable to secure skilled attendance, who could not or who should not be sent to a hospital, and to teach proper care of the sick; subject to such regulations as may be prescribed by the Directors."

So on January 1, 1896 Miss Pope opened a one room office in the southern section of the city. Part of the first month was spent in visiting the physicians in the locality to acquaint them with the services available to them and their patients.

When Program Started

The Thomas Wilson Sanitarium in 1897 paid for four nurses to work under the supervision of the Association. This program included the visiting of sick children and the selection of patients to be admitted to the Sanitarium. As this phase of the work developed, a separate private organization was created to handle the ever growing need.

Mrs. William Osler in 1904 collected money to pay the expenses of a nurse to do tuberculosis work. The Instructive Visiting Nurse Association pioneered in this field until 1910 when the work was transferred to the Baltimore City Health Department.

Private agencies have always been in a position to experiment with new projects. Once the demonstration has been proven to be of community value the work is turned over to the proper agency as soon as it is practical and reasonable to do so.

The year 1909 added another source of referral to the work through a contract with the Metropolitan Life Insurance Company to give nursing service to sick industrial policy holders. John Hancock Life Insurance Company requested the same service in 1926.

The Mothers' Relief Society, a maternity organization which provided a doctor and a nurse for home delivery service, requested that the Instructive Visiting Nurse Association supervise their nurse working in the home. This program is now incorporated as part of the function of the Baltimore City Hospital. There is at present no outside delivery service in the city.

Bedside Care Still Given

Bedside care continues to be given in the homes of the sick poor but the service has been increased until now it is available to everyone living within the city limits. The word "instructive" has progressed beyond "teaching proper care of the sick" to include health teaching on a family health basis.

The program includes morbidity, maternity, health and physical therapy services to patients on the basis of their needs.

The people served by the visiting nurse may be acutely ill and need her help for a short period, or they may have long illnesses and be visited for months and years. During the last few years special emphasis has been put upon rehabilitating the patient to the maximum possible within his disability. This type of home care means that the new patient is visited daily.

The nurse learns about the family and the patient. She teaches the family to care for the sick one, to readjust its mode of living so that the family structure will remain solid. She also teaches the sick one to live with his disability and to be as useful as his physical and mental limits allow. She uses the community resources to obtain the maximum results in health and emotional stability for both the patient and his family.

For example, there is an increasing number of patients with cancer asking for the help of the visiting nurse. Those who have a colostomy need much teaching in order to become self-sufficient and not lapse into invalidism.

The nurse in the beginning may visit as often as twice a day, but it is not long before patient and family start to feel reassured. Little by little they take over the responsibilities of irrigations and dressings and as the patient increases in self-sufficiency the nurse decreases her visits till she may only be needed for periodic supervision.

Another graphic illustration of rehabilitation through physical therapy is gleaned from one of the current records. It is a story of an interested person who accidentally heard of the work of the agency, a worried wife, a paralyzed patient and the co-operation of doctor, nurse, nursing home and community agencies.

Home Nursing Treatment Started

In March, 1949, a married white man, age forty-four years, fell down a flight of stairs. He was admitted to a hospital with a diagnosis of fractured cervical vertebrae, paralysis of both legs and arms. Hospital discharge came after a ten months' sojourn with a prognosis not too hopeful. The wife had to obtain a job. The future did not look very bright for either husband or the wife. Because of the necessity of the wife's employment the patient was transferred to a nursing home under the sponsorship of the Department of Public Welfare. In January, 1950 an interested member of the Eastern Star reported the patient to the I. V. N. A. By this time the man was helpless, still confined to bed and unable to turn over in order to change his position.

Because of the nature of the diagnosis the physical therapist made the initial visit. She found that the patient had some use of the right arm, very little

power of the left forearm and fingers on this hand were contracted; musculature of the body was hard and did not have normal feeling; shoulder girdle was tight and contracted; left leg was spastic but right leg was fairly good.

Through the co-operation of the doctor, the nursing home treatment was instituted. In ten weeks the man was able to pull himself up to a sitting position and to turn over on his abdomen.

In addition he had been taught how to get out of bed, stand erect alone and to walk with the aid of a stick. He is now beginning to learn to walk up steps.

The prognosis now reads something like this: patient may soon return to his wife as he is now able to dress and care for himself.

Steps are being taken to secure employment for the patient in a sheltered workshop. Throughout the long and tedious period of muscle re-education the patient was most co-operative and with each successful step along the road to independence his morale increased accordingly. Now he sees himself as being able to lessen the burden on his wife and to contribute to their future welfare as much as he can with the little that he has.

The Visiting Nurse responds to all calls, for all types of illness, to young or old, rich or poor. The only limitation of service is that patient must be under the care of a physician. If he is too poor to pay for his own doctor one is provided under the Medical Care Program or through the Department of Public Welfare. Referrals are from all sources: clergymen, physicians, former patients, social workers, policemen, insurance agents, in fact anyone at all may and does call for the nurse.

Recent Investigation

Recently, a study was made of referrals from 1940 to 1949 inclusive. The investigation pointed up that the majority of calls came from the social service departments of the various hospitals. An increase from 714 in 1940 to 5,575 in 1949. This is in keeping with the trend of providing continuity of care for the patients upon hospital discharge.

Both the doctor and the social worker are aware of the patient's requirements and they are familiar with community resources which are available to provide the necessary assistance.

Fifty-seven per cent of the total budget comes from the Community Chest, the remainder is obtained from contracts with insurance companies, from gifts, endowments and fees.

It is interesting to note in the early records of the Association, that the nurses were to collect "... at least ten cents for each visit when in their judgment the families were able to make the payment." The cost of the visit was approximately forty cents.

Candid Camera Photo

Nurses of the Instructive Visiting Nurse Association, Baltimore, Md., start on their daily visits.

Cost of Visit Today

Today the cost of the visit is carefully computed at the end of each year and the patients who are financially able are requested to pay the full fee, others whatever part of the fee they can afford and the remainder of the patients, about fifty-four per cent, are visited free.

The Instructive Visiting Nurse Association is fortunate in having the co-operation of physicians, families, lay groups, social and other health agencies. Visits are made only to patients under the care of qualified physicians.

Lay groups are most valuable in keeping the loan cupboard stocked, making surgical dressings for the nurses' bags, supplying equipment and dressings for the cancer patients and arranging for periodic parties for the aged patients being cared by the nurses. In order to avoid duplication of work there is close co-operation with the Baltimore City Health Department.

The administration of the agency is under the direction of an interested executive board and the guidance of a capable superintendent. The personnel of the agency consists of an assistant superintendent in charge of nursing service, an educational director, three full time secretaries and a part time secretary and thirty-five professional nurses and one licensed practical nurse who are responsible for the home visits.

Last year the field staff made 67,054 visits to 12,374 patients. Briefly summarized the division of work was as follows:

Non-communicable disease	34,256	visits
Communicable disease	446	"
Cancer*	4,024	"
Antepartum	4,394	"
Postpartum	9,646	"
Infants	9,093	"
Health Service	216	"
All others	4,979	"

Instaff Educational Program

Every effort is made through an in-staff educational program to meet the needs of the nurses and to keep them abreast of current advances in medicine, nursing and community problems and activities. The staff assists in planning the program and participates actively in presenting subject matter and in the discussions that follow. For new staff nurses there is an orientation period of two months during which time they are introduced to the policies, procedures and field work of the agency. There are twenty hours of formal class instruction with field visits to two of the community agencies most frequently used by the nurses. There is a family health project presented for group discussion near the completion of the introductory period. Frequent individual conferences are

(Continued on page 336)

The Psychic Income Element of Nursing

Basic Satisfaction Can Be Derived From Seeing Others Benefited

by Elizabeth E. Fink, R.N.

IN 1943, when defense industries were going full blast, a nurse met a friend, a schoolmate from high school days, whom she hadn't seen in over a year. The girl, grimy and an identification tag pinned proudly on her overalls, was very excited about her new job in a local plant.

"I do electric wiring. Easy work, and lots and lots of money. You could get a job there, too. I've got influence."

The nurse smiled and shook her head. "You mean, you're making *that* much money nursing?" her friend asked. "No. Eighteen hundred a year," the nurse answered.

"Eighteen hundred!" the defense worker exclaimed. "Why, I earn as much in twelve weeks. Why don't you quit?" "I guess it's because I like nursing," the nurse said.

Now, the nurse desired an adequate salary as much as any other underpaid worker does. To subsist on her low pay was, in fact, a great hardship. For this reason she was an active member of her professional nursing organizations, which worked hard to promote better pay and improved employment conditions for all nurses. But quit her profession? NEVER.

This nurse has a philosophy of life, a point of view, that included a consideration of values, from which one derives the significance of life, work, activities, happiness, and personality.

Work Has Other Values

Work has many values aside from the purely economic. Money as a satisfaction-gaining device does not always accomplish the end desired. The fact is that many people in highly paid jobs are by no means happy with their work, so that secretly or openly they yearn for other, more satisfying employment.

In counting her income from professional services rendered, a nurse finds that after adding up her modest dollars and cents, vacations, and sick leaves, there are still other rewards left over. Economists call these the psychic income elements — personal satisfaction that comes from giving all one's talents to a difficult and worthy profession.

Vocation has much to do with a person's happiness. A psychiatrist with whom I talked recently told of cases that had come to him with hysterical symptoms. One extremely interesting case was that of a wealthy, and seemingly very successful, attorney of San Francisco.

Miss Elizabeth E. Fink, a graduate of the Jewish Hospital School of Nursing, Cincinnati, Ohio, is at present Assistant Professor of Nursing Education, Graduate Nurse Program, Marquette University, College of Nursing, Milwaukee, Wisconsin.

Miss Fink received an M.A. degree in Personnel Administration and Counseling in Schools of Nursing at Teachers College, Columbia University.

Finding The Cause

When he came to the clinic, this man described his pains as located in his stomach. A thorough physical examination proved that there was nothing wrong organically. Upon questioning it was discovered that the attacks nearly always came after a strenuous case in court. Eventually it was revealed that the man hated his work and had never wanted to enter law.

The attorney's father was a man who told his children what they were to do and saw that they did it. It soon came out that he disliked and even dreaded his work and that he had always wanted to live an outdoor life. Following the psychiatrist's advice, the man called his father, told him that he intended to live his own life, and then found work on a friend's farm. Face to face with the future of his dreams at last, the former attorney's days at the clinic were ended.

Most people, nurses included, too seldom think of the profound effect of occupation upon personality. The fact is that vocation is one of the most significant keys to personality, for the vocation is, actually, a personality former. The jobs we work at determine to an important degree the basic values of our lives, the kind of things we value most highly.

It is for such reasons and not for economic reasons alone that the choice of a vocation is of critical importance. Fair pay is necessary, to be sure, but no amount of money can make a vocation compatible with one's temperament, interests, and habits.

Economic Security

It is unfortunate that many individuals are inclined to consider the choice of a vocation mainly from the standpoint of economic security or status of the position. Too many overlook the fact that for any man or woman the vocation must, to begin with, satisfy basic interest and emotions.

Not long ago, a large city hospital admitted an elderly farmer for diagnosis of an ailment. His son came with him, but had to return home the same afternoon, and so left his father in a strange city, in an unfamiliar hospital environment, with the unwonted experience of having to depend upon others for care. In fact, for a hitherto independent farmer it was altogether an upheaval.

The nurses, particularly drawn to the new patient by his natural dignity, took time to talk with him in the course of their duties. They regarded him not only as a patient, but also as a real friend who had a wealth of living behind him.

Real delight that no money could ever buy came to the nurses one visitors day, when two of them overheard their patient-friend say to his son: "I can say it now, son. I never dreaded anything so much in my life as leaving home. But it didn't take me long to find out that this place can be almost like home."

Opportunities such as this that a nurse has to allay fears and loneliness, as well as relieve discomfort and pain, bring her immense reward. Through nursing, the individual acquires not

(Continued on page 328)

Students Set Standards for Group

ONE of the early introductions of a student to Professional Problems faced by nurses usually takes place in classes scheduled for that purpose during the pre-clinical term conducted by the Director of the School.

Here the student asks questions directly related to moral and ethical problems facing her while she is in training as well as professional responsibilities which she will encounter in the future.

The pre-clinical class of the Amsterdam Hospital School of Nursing spent some time deciding which attributes of nursing they would consider most important.

In an effort to secure participation of every one of the twenty-four students in the class and in accordance with the modern concepts of teaching, the class was divided into four groups, each group discussing the pros and cons of attributes essential to nursing and reporting on their conclusions to the whole class. The application of group dynamics in teaching professional problems seemed particularly effective in this instance. The students enjoyed taking part in the discussion and had a sense of accomplishment when the seven attributes were named by them.

Misses Jacqueline J. Hertik and Sonia J. Pierson were appointed by the class to put the thoughts of all members into words. The class chose to accept the seven attributes as written by Carrie B. Wead in her article, "The Lighting of the Seven Candles," which was published in the *American Journal of Nursing*, Vol. 26, p. 934 (Dec.) 1926.

At the Capping Exercises of the Class, March 14th, 1950, Miss Carmena Viggiano, a junior student, lit each candle for the honored class while reciting the "Seven Attributes of a Nurse," with the hope that they will burn forever brightly bringing light and faith to the sick of body, mind and spirit.

"Seven Attributes of a Nurse"

May the flames of these seven candles light the pathways which symbolize Faithfulness, Sympathy, Character, Wisdom, Mirth, Enthusiasm and Service.

1. Faithfulness of the nurse stands out in the night like a shining candle with the trust in the honesty and loyalty in herself and others.
2. This candle radiates sympathy and understanding shown during the sorrows and sufferings of all.
3. The flame of wisdom leaps high in the splendor of theory and practice to enable the nurse to travel the over difficult miles.
4. A character good and kind blocks out shadows of doubt as the candle spreads forth a glowing brilliance.
5. Through this dancing flame are seen smiles of mirth bringing pleasure to those in discomfort.
6. The warmth from this candle signifies the enthusiasm shown by the nurse for her work and the love of all mankind.
7. The last candle, the headlight, the beacon, the crown of all other lights, the one that must be kept trimmed and burning, is the candle of service, for service is the base and foundation of our profession.

L. to R.: Sonia Pierson, Jacqueline Hertik, Sylvia Pierson, Anne Rogers, Marion Bradford, Joan Girvin and Carmena Viggiano.

Mental Disease is America's No. 1 Public Health Problem

1,000,000 Americans Received Psychiatric Treatment in 1949

by Edward F. Perreault, R.N.

As reported by the United States Public Health Service mental illness has become "America's No. 1 public health problem."

Figures compiled by the bureau show that more than 1,000,000 Americans were treated last year for mental disease. On the basis of these figures, half of all the hospital beds in the United States were occupied by psychiatric patients.

It is also interesting to note that the total number of mental patients admitted to hospitals would have been higher, but hospital facilities were taxed to the limit in caring for the cases admitted and so consequently many borderline cases were referred for clinical treatment.

The overcrowded conditions, which are taking on more significance with each passing year in State mental hospitals throughout the United States, have resulted in a reduction in recoveries as a result of the increased load which each psychiatric nurse has been called upon to bear.

Investigation revealed some mental hospitals were so crammed with patients that it was necessary in many cases for patients to sleep two to a bed and in some cases improvised beds on the floor were utilized.

Practically every hospital investigated showed a waiting list. In some states the overflow was so great that correctional institutions had to be used to handle the situation.

Mental Disease Increasing

Official statistics reveal that mental disease is steadily increasing keeping pace so to speak with the ever increasing higher standards of learning.

Last year the national mental health bill was $280,000,000. On the basis of these figures it will amount to $250,000,000 by 1956.

According to psychiatrists, there is no proof that war or tensions of modern living bear any relationship to the increased insanity rate.

The biggest single factor they believe in the higher figures is the improved diagnostic methods coupled with the advance of medical science in providing better facilities for treatment. Cases that previously were by-passed are now identified as mental conditions and being treated.

The recent survey undertaken by the U. S. Public Health Service, reveals that at the end of 1948 there were 675,000 patients in 934 mental hospitals, public and private. Of that number 465,000 patients received treatment during the year and were later discharged.

Percentage of Uncured

The number of patients that remain uncured has been estimated as 2 per cent for each succeeding year. Coupled with the fact that the longevity factor has been increased and mental illness increases with age, consequently hospital facilities have not been able to keep pace with this increase.

The American Psychiatric Association recommends that hospitals spend a minimum of $5 a day for the care of "acute" mental cases and $2.50 for chronic (custodial) cases.

In the final analysis it was disclosed that 12 states were spending less than $1 a day on each mental patient. In this group the following states were represented: Wyoming, Tennessee, Mississippi, Georgia, Kentucky, Indiana, Oklahoma, West Virginia, Louisiana, Kansas, Arkansas and South Dakota.

Private mental institutions which handle but 4 per cent of the total cases spend $6.85 per patient. In the neuropsychiatric wards of the Veterans Administration the cost per patient averages $5.85 per day.

In describing New York's mental institutions a U. S. Public Health official listed the following notation in his report: "the best — or best bad" in the nation. New York state spends an average of a little less than $2 a day for each patient. As contrasted to the recommendation of the APA this amounts to less than half the amount established as a minimum for "acute" mental cases.

"Money is at the root of all evils in the present public mental hospitals," said Dr. Riley H. Guthrie, U. S. public health psychiatrist. The three most important evils which he described in his report were: Overcrowding of patients, shortage of trained personnel, lack of treatment facilities.

The American Psychiatric Association reveals that there are a total of 5000 psychiatrists in the United States. Of this amount less than 1000 psychiatrists are affiliated with mental hospitals.

The APA points out this is way below the minimum standards and states that 4000 more psychiatrists are urgently needed to bolster the standards of mental institutions in the nation.

According to the APA an average psychiatrist earns $21,000 a year in private practice. Contrast this to the average psychiatrist employed in a public hospital who earns $5000 to $9000; this explains the basic reason for the shortage of psychiatrists in public hospitals today. In order to solve this problem and still keep within appropriation allotment, some states are employing psychiatrists as part-time consultants.

Psychiatric Nurses Needed

The shortage of nurses if anything is even more critical. The U. S. public health survey showed a total of 3,165 nurses were employed in public mental institutions. The APA standards call for 40,000 nurses. An equally serious shortage exists in the ranks of attendants, therapists and social workers.

On the basis of remuneration and working conditions, the report explains that the shortage of nurses in this field exists and will continue to exist until sub-standard wage adjustments and working conditions are greatly improved.

In 1948, the average salary earned for psychiatric nurses was $214 a month. In 21 states attendants were paid less than $100 a month. Investigation reveals that more than 60 per cent of the hospitals were on a 48-hour week, while in some states nurses are required to work 54 hours a week.

The widespread stories which make headline news today of "deplorable" and "shocking" conditions that exist in

(Continued on page 336)

Fashions and Grooming

by Gail French

THIS IS THE YEAR of the sheer, in so many departments of dress . . . a discovery you have doubtless already made for yourself, if you've done any window-shopping lately. Facing what may prove to be another torrid Summer, most of us will be enthusiastic about this return of the sheers:—lovely cottons . . . organdies, voiles, batistes; beautiful sheer printed rayons; sheers for broad-brimmed hats; sheers even for duster-like coats.

It's a wide world of choice we're being offered in Summer fashions. The experts herald *white* as a smart candidate for wear in town, as well as at vacation resorts. But girls who work in white know the burden of its upkeep. Pristine as a white linen coat or suit may look in a show-case, you'll be wise to consider the time and energy it will cost to keep it always looking fresh. A white wool jersey dress, buttoned and belted in black velvet, which was much admired at one recent fashion show, would have to go too many times to a cleaner's to appeal to most of us.

Choice Unlimited in Hot Weather Dresses

The happiest fact about Summer fashions is their amazing variety. *McKettrick* has created dotted Swiss dresses, in sizes 10 to 20, at $10.95; and tissue gingham sunback dresses with separate little jackets, in sizes 10 to 18, at $14.95. The colors are enchanting, too: mint green, chocolate, navy for the dotted Swiss; mint green and brown, navy and candy pink, leaf green and coffee for the plaid tissue gingham. Both these styles are made of *Dan River's* "wrinkl-shed" cotton that is said actually to shed wrinkles. It needs no starch, has permanent shrinkage control, and is very easy to wash and iron.

Another famous name—*L'Aiglon*—uses a flower-printed imported Swiss voile for dresses . . . "bare-shouldered for sunshine; jacketed for starshine" . . . in sizes 10 to 20, for $17.95. Here, too, you'll find wonderful colors: green, pink or taupe. The imported voile has been *Tebilized* for crease-resistance, and it's pre-shrunk—so you can count on good fit after washing. L'Aiglon also has beautiful linens, at the same pleasant price, in eggshell, blue, green, pink, and aqua. These, too, have been treated for crease-resistance by the Tebilizing process—so they don't muss or rumple easily, and slight creases shake out overnight, on a hanger.

Slithery New Rayons . . . Fine Figure Slockers

For all the beauty and great variety in cottons and linens . . . many of us feel slightly more elegant in rayons. There's a sleekness to most rayon weaves which is particularly flattering . . . especially when you need a larger size.

You can also have the pleasure of wearing high fashion white without so much washing or dry cleaning, by selecting one of the many rayon prints now available with white grounds. Rayon sheds soil and it stays permanently white.

Good looks at a most modest price come in *Rite-Fit's* dresses of Bemberg rayon in frost-cool sheer prints. You'll rub your eyes, when you see the price-tag—$7.95, for these dresses have good styling for sizes 14½ to 22½ . . . brief sleeves, simple bodice, a graceful skirt. The fabric is thoroughly washable and very lovely; white backgrounds printed with violet and green, or aqua and brown, as the predominant colors.

Another fine washable rayon is Celanese "Sandswept" in *water colors:* mint, blue, maize, pink, beige. *Dorothy Hubbs* uses this for classic shirtwaist type dresses, in sizes 10 to 20, at $14.95. One style has removable marcasite buttons; another a fob-trimmed leather belt as a fashion bonus!

Printed Rayon Jersey . . . Packable, Wrinkle-Shaker

Most flattering of all rayons is the sleek rayon jersey. It also has a white ground, printed with Tree of Life, Roses in Bloom, or Pagodas, at the pleasant price of $17.95. Besides doing a figure-idealizing service, this slippery rayon jersey has a very cool appearance, takes little space to pack, and shakes out wrinkles in a jiffy. These prints are styled for sizes 10 to 20.

Most of these styles are mentioned because—in addition to being superb values—they are to be found in good stores all over the country. Watch store advertising to find who has them in your locality.

Where White Is Very Right and Welcome

Brief coats for young or slender wearers are appearing at $8.95, for sizes 10 to 18, in sports shop departments. They have the look of a cape; the sleeves of a coat. One style has a row of buttons up the front and down the back. Its maker

boasts that it will never see the dark of a closet; it's much too versatile and too busy glorifying its owner!

Candlelight Flattery in Liquid Make-Up

Tender glow of color in Revlon's "Touch-and-Glow" . . . the liquid make-up that contains a skin-softening ingredient, Lanolite. Users say their skin doesn't feel greasy or dry, with this applied as a powder foundation. In two sizes—$1 and $1.50, plus the Federal excise tax—"Touch-and-Glow" is a good way to make skin texture look well-nigh flawless.

A Day in the Life of

by Mary Price Smith, R.N.

JUNE ELAINE REYNOLDS, senior nursing student at the Methodist Hospital of Dallas School of Nursing, and 1950 Campus Queen, is now on Psychiatric affiliation at the John Sealy College of Nursing, Galveston, Texas.

Miss Reynolds chose nursing for a career because as she says, "I find much satisfaction in caring for other people." In taking a day's tour with June through her nursing rounds at the Methodist Hospital of Dallas, we see that she has had excellent opportunities to put into practice her desire to help others. The pictures, taken and processed by the Hospital's Department of Photography, as shown here give a complete account of her activities from early morning until night:

1. The clock alarms, thus the beginning of her day.
2. She is now in uniform and approaching the Hospital.
3. Ready for a good breakfast in the new dining room.
4. She now receives the morning report.
5. Taking the babies out to the mothers.
6. Leading the discussion in ward class.
7. Giving supplementary feedings to the babies.
8. Showing a baby to a delighted father.
9. Off duty refreshments in the hospital's Palm Grill Room.
10. An interested look at the excavation for the new Nurses' Home due to be completed in September, 1950.
11. Preparing a "snack" in the kitchen of the present Nurses' Home.
12. Studying for State Board Examinations with her roommate.

Miss Reynold's schedule also provides for recreation. She spends her leisure time in reading, outdoor sports, swimming and horseback riding. Throughout her nurse training period, she has been active in student affairs some of which include being a student council member and president of her class.

Prior to entering nursing, Miss Reynolds studied at the Texas State College for Women, Denton, Texas and also at the Southern Methodist University, Dallas, where she majored in biology and minored in chemistry.

June will complete her nursing studies in August, 1950, and although she plans to be married shortly after graduation, she intends to continue her nursing career.

iss June Reynolds, Senior Nursing Student,
d 1950 Campus Queen

Medical Research

Link Lung Cancer To Prolonged Tobacco Smoking

A significant relationship between prolonged tobacco smoking and development of cancer of the lung is shown by two reports published in the 5/27/50 issue of the Journal of the American Medical Association.

Excessive and prolonged use of tobacco, especially cigarettes, seems to be an important factor in causing cancer which originates in the lungs, Ernest L. Wynder, B.A., and Dr. Evarts A. Graham of Washington University School of Medicine and Barnes Hospital, St. Louis, conclude.

Among 605 men with lung cancer, 96.5 per cent were moderately heavy to chain smokers for many years, compared with 78.7 per cent among the 780 men in the general hospital population without cancer, the St. Louis doctors point out. Among the cancer group, 51.2 per cent were excessive or chain smokers compared to 19.1 per cent in the general hospital group.

"In general, it appears that the less a person smokes the less are the chances of cancer of the lung developing and the more heavily a person smokes the greater are his chances of becoming affected with this disease," they say.

Smokers were classified on the basis of number of cigarettes smoked per day for 20 years or more. Pipe and cigar smokers were included by counting one cigar as five cigarettes and one pipeful as two and a half cigarettes. Light smokers were classified as smoking one to nine cigarettes, moderately heavy smokers 10 to 15, heavy smokers from 16 to 20, excessive smokers 21 to 34 and chain smokers 35 or more.

There may be a lag period of 10 years or more between the cessation of smoking tobacco and the occurrence of clinical symptoms of cancer, however, the St. Louis doctors found. Among the patients with cancer who had a history of smoking, 96.1 per cent had smoked for over 20 years.

The occurrence of carcinoma of the lung in a male nonsmoker or minimal smoker is a rare phenomenon (2.0 per cent), according to the study.

Tobacco seems to play a similar but somewhat less evident role in causing cancer in women, the doctors found. The incidence of lung cancer is less in women than in men today. This is believed to be due in part to the fact that few women have smoked for over 20 years.

There is rather general agreement that the incidence of bronchiogenic carcinoma has increased greatly in the last half century, the doctors point out. The enormous increase in the sale of cigarettes in this country approximately parallels this increase of bronchiogenic carcinoma.

Among male patients with cancer of the lungs, 94.1 per cent were found to be cigarette smokers, 4.0 per cent pipe smokers and 3.5 per cent cigar smokers. This prevalence of cigarette smoking is greater than among the general hospital population of the same age group. The greater practice of inhalation among cigarette smokers is believed to explain the increased incidence of the disease.

Data obtained from 1,650 patients admitted routinely to the Roswell Park Memorial Institute, Buffalo, N. Y., indicate that in a hospital population cancer of the lung occurs more than twice as frequently among those who have smoked cigarettes for 25 years than among other smokers or nonsmokers of comparable age, according to another study published in the same issue of the Journal of the A.M.A.

"Pipe smokers apparently experience an almost equal increase in the incidence of lip cancer, compared with other smokers or nonsmokers," say Drs. Morton L. Levin, Hyman Goldstein and Paul R. Gerhardt of the Bureau of Cancer Control, New York State Department of Health, Albany.

"The data suggest, although they do not establish, a causal relation between cigarette and pipe smoking and cancer of the lung and lip. Cancer is now generally considered a disease attributable to multiple causative factors. Among these are 'irritants.'

"An irritant which is noncarcinogenic alone may nevertheless increase the percentage of tumors produced when its action is combined with that of a carcinogen. Thus, some experimental basis exists for explaining the apparent effect of cigarette and pipe smoking, although the true nature of the association with lung and lip cancer remains to be determined."

California Report Indicates Q Fever is Transmissible

A report from Los Angeles indicates that Q fever may be transmitted from person to person.

Three persons apparently have contracted the disease by attending a patient, Dr. David L. Deutsch and E. Taylor Peterson, a laboratory worker, of Wadsworth Hospital, Veterans Administration Center, say in the 5/27/50 issue of the Journal of the American Medical Association.

More than 50,000 persons in the Los Angeles area have been infected during recent years with the microbe that causes Q fever, doctors and an epidemiologist of the National Institutes of Health, the U. S. Public Health Service and the California State Department of Public Health announced recently. The mode of transmission of the disease was not determined.

The disease was found to have occurred in the metropolitan area of Los Angeles in 1947. It commonly is characterized by headache, high fever, severe sweats and pneumonia-like changes in the lungs. Nine deaths from Q fever have been reported.

Three-Dimensional Photography Of Heart in Action Described

Three-dimensional x ray photography of the heart and its chambers in action is described in the 6/10/50 issue of the JAMA by two Stockholm (Sweden) licentiates in medicine.

O. Axen and John Lind of the Karolinska Institute at Norrtulls Hospital report that this is performed by means of synchronized roentgenograms (x ray pictures) in two planes at right angles. A special table permits the taking of 10 pictures in one ray direction and 10 at right angles in the course of eight seconds.

A contrast is obtained by the injection of an opaque material into the veins. The series of photographs permits following the passage of the contrast medium through the different chambers of the heart.

By the dual photography, frontal and lateral views of the heart in the same phase of the respiratory and heart cycle can be obtained, the authors point out. A "three dimensional" view is provided by placing side by side the photographs taken simultaneously from the two positions.

"This renders possible a three-dimensional appreciation of the capacity and configuration of the separate chambers of the heart," they report. "The method is of aid in the establishment of normal standards in the living subject, and it affords increased opportunities for detection of abnormalities in the size and shape of the cavities of the heart and the great thoracic vessels.

"Moreover, the taking of roentgenograms in two different projections facilitates more nearly precise identification of each anatomic portion of the heart. Serial photography gives a concept of the dynamics of the heart. The dye

(opaque material used) can be accurately localized in the heart, and the changes in capacity of the chambers during the heart cycle can be estimated better."

The series of photographs is taken automatically by turning on a switch after the injection of the contrast medium. The speed can be varied from five to ten seconds for the series, if desired.

Find Penicillin Treatment Prevents Rheumatic Fever

Rheumatic fever can be prevented by treatment of streptococcic infections with penicillin, a study made by Army Medical Corps Officers in cooperation with Cleveland and Palo Alto (Calif.) physicians indicate.

The study, which was conducted at Fort Francis E. Warren, an air force technical training base in southeastern Wyoming, is reported in the 5/13/50 issue of the Journal of the American Medical Association.

The significance of an adequate means of prevention of rheumatic fever may be realized when it is considered that the disease develops in an estimated 200,000 to 250,000 persons in the general population of the United States yearly, the authors point out. At least 460,000 persons in this country today are believed to have rheumatic heart disease.

Not only is rheumatic fever a menace to health, but it is also a serious economic problem. A conservative estimate of the cost of each case that occurs in the Armed Services (an average of 7,500 cases annually from 1942 through 1948) is $16,000.

"A total of 798 patients with streptococcic infections were treated with penicillin; in only two did acute rheumatic fever subsequently develop," the research group reports, adding:

"Of 804 untreated patients, the disease developed in 17. Penicillin likewise eradicates the streptococci in many cases."

The total of 1,602 patients were admitted to the hospital during January through June, 1949, for streptococcic infection of the respiratory tract. Follow-up studies for the detection of rheumatic fever were performed between the third and fourth weeks after the initial infection.

"If the incidence of rheumatic fever is to be reduced materially by early treatment with penicillin, it becomes necessary that streptococcic infections be diagnosed accurately and early," the authors say.

"In some cases the clinical findings alone will permit an almost certain diagnosis of streptococcic infection. Characteristically, such illnesses present a sudden onset of sore throat with pain on swallowing, fever and other reactions. Supportive data may be obtained from the laboratory."

The study was made by Capt. Floyd W. Denny, Capt. Lewis W. Wannamaker and Capt. William R. Brink of the Army Medical Corps; Dr. Charles H. Rammelkamp, Jr. of Cleveland, and Dr. Edward A. Custer of Palo Alto.

Egyptian Drug Produces Good Results in Heart Disease

A drug known as visammin and also as khellin, obtained from the fruit of a plant which grows in Egypt, Arabia and Eastern Mediterranean countries, produces good results in angina pectoris, a group of Chicago doctors report.

Drs. R. H. Roseman, A. P. Fishman, S. R. Kaplan, H. G. Levin and L. N. Katz of the Medical Research Institute, Michael Reese Hospital, describe their study of the drug in an article in a recent issue of the JAMA.

"Improvement of the cardiac status was definite in 11 of the 14 cases of angina pectoris," the doctors say. "Moderate improvement occurred in another case, but in the remaining two no benefit was obtained. In four instances the improvement persisted for a time after administration of the drug had been discontinued. This is attributable to the cumulative effects of the drug."

Nausea and insomnia believed to be caused by the drug occurred in five of these 14 patients. Response of the heart conditions to visammin is described as "dramatic and unequivocal" in some cases.

In eight patients with enlargement of the right side of the heart or increased stress placed upon the right side of the heart by lung disease, striking improvement was noted following administration of visammin.

Single injections of visammin resulted in significant improvement in nine of 21 patients with acute bronchial asthma. The response was prompt, occurring within five or ten minutes, and was often dramatic but usually shortlived.

New Eye Instrument May Help Prevent Blindness

A new instrument which measures pressure within the eye may result in the prevention of much unnecessary blindness. Development of the instrument, called the tonometer, is reported in a recent issue of the American Medical Association by a New York doctor and a research worker.

Dr. Conrad Berens and Charles P. Tolman, B.S., also of New York, point out that the instrument is for "screening" large numbers of persons rather than for diagnosing specific diseases.

The instrument was developed from the basic design of an older instrument used for diagnosing eye conditions. Intraocular pressure is measured when the instrument is applied to the eye. The working parts are mounted in a plastic holder. The instrument is slightly less than three inches long and three fourths an inch in diameter.

"We believe that this instrument, placed in the hands of general practitioners, may prevent blindness through earlier discovery of hypertension within the eye and earlier reference of the patient to an ophthalmologist," the authors say.

Aureomycin Reduces Childbirth Infection Possibilities

Aureomycin is effective in lowering the possibilities of infection following childbirth, according to a report in the 6/10/50 issue of the Journal of the American Medical Association.

A study on the use of the antibiotic in obstetric patients is presented by Dr. Joseph A. Guilbeau, Jr., Dr. Emanuel B. Schoenbach, Isabelle G. Schaub, A.B., and Doris V. Latham, A.B., of the Johns Hopkins School of Medicine and Johns Hopkins Hospital, Baltimore.

The normal uterus after birth contains a wide variety of bacteria which is potentially disease producing. Such infection may result in irreparable damage which can jeopardize future childbearing, the report points out.

Aureomycin hydrochloride was administered to 109 patients before delivery. Only 13 (11.9%) showed positive cultures two to three days after giving birth. In a control series of 24 patients who had uncomplicated, normal deliveries, positive cultures were reported in 18 (75%) cases.

The researchers also treated a number of acute childbirth infections during the study. They report:

"Aureomycin proved effective in various obstetric infections. Patients with acute and chronic infections of the urinary tract treated during pregnancy responded satisfactorily to therapy, although several relapsed when treatment was discontinued.

"Aureomycin is a desirable chemotherapeutic agent because it is effective after oral administration, it possesses a wide range of antibacterial activity and it is unassociated with serious toxic manifestations."

The report also points out that the antibiotic has the ability to reach the infant by way of the maternal blood stream in high therapeutic concentration. This, they say, is a desirable property.

Hospital Standards and Supplies

Surgeon's Prophylactic Hand Brush Is Now Available

This brush was designed especially for surgical use by Dr. Carl W. Walter of the Peter Bent Brigham Hospital in Boston, Mass. The brush is larger than most hand brushes, being about 2¼" x 4½". It has a recess in the back which allows a surgeon to carry a bar of soap in his hand while he is using the brush. There are 177 knots of black nylon bristles set in a Bakelite type plastic back.

This brush can be sterilized indefinitely. From Dr. Walter's report a sample was sterilized 294 times before any failure occurred. The price has recently been reduced now making this brush competitive with other nylon surgeons' hand brushes. Price: $13.50 per dozen. Discount—15% to Bureau members.

Value Of Ammoniated Tooth Powders Questioned

Three British scientists question the value of ammoniated tooth powders in preventing tooth decay.

Repeating American saliva experiments, they state, did not result in proving that persons naturally free from tooth decay have saliva which is capable of producing more ammonia than have persons susceptible to tooth decay.

And, if keeping the mouth alkaline instead of acid should prove effective in reducing or preventing tooth decay, dibasic sodium phosphate would be as good as dibasic ammonium phosphate.

Aureomycin Price Cut Has Been Made

Three months after a 20% reduction, an additional 25% cut has been made in the price of aureomycin capsules.

This brings the total reduction to 60% since aureomycin was first introduced in December, 1948. List price for a bottle of 250 mg. capsules now is $10 compared with the original price of $25.

Bostwick Low Pressure Aerosol Sprays May Interest You

The Bostwick Laboratories, Inc., manufactures a wide variety of products which are dispensed in 6 and 12 oz. low pressure cans. Ingredients are propelled in a form of a spray by liquified freon. The spray is released by a simple push button device. The Bureau has been offered these products at very good discounts and five of them should be of particular interest to hospitals. They are listed as follows:

Safe-lex Aerosol Insect Killer—Contains 15% active ingredients including pyrethrins and Dupont's methoxychlor. Contains no DDT. A knock-down type insecticide effective against flies, mosquitoes, roaches and waterbugs. It is non-toxic, safe for use around food products.

Hep Aerosol Insect Killer—Contains 15% active ingredients including DDT and pyrethrins. An inexpensive but effective insecticide.

Roach Spray—40% active ingredients including chlordane—the most effective known roach killer. Also effective against other crawling insects such as ants and bedbugs. This is a residual type and remains active for several days after application. Must be used with care as it is highly toxic.

Automobile Spray Wax—Contains carnauba wax. Gives a very durable high gloss finish. Can be applied in ten minutes. One 12 oz. can is sufficient for three applications for an average sized car.

Household Spray Wax—Has carnauba wax base giving an excellent high gloss finish. A quick and easy way of waxing furniture.

Discount to Bureau Members 25%. Minimum order one dozen cans of any single product, except roach spray for which the minimum is 24 cans.

New Anti-TB Vaccine Proves Valuable

"Viomycin," a new antibiotic, has demonstrated ability to combat experimental tuberculosis. Its value has been proven in suppressing the disease in animals but until clinical studies have been completed its value for humans is unknown.

One important factor is that "Viomycin" appears to be active against tuberculosis organisms which have become resistant to streptomycin.

For Your Information

Material is abstracted from research data at the Hospital Bureau of Standards and Supplies, 247 Park Avenue, New York 17, N. Y.

If you are a nurse in a non-profit hospital which is not affiliated with the Hospital Bureau and desire more information, write to the

EDITOR OF NURSING WORLD

660 Fourth Avenue, New York, N. Y.

Return Of Alcohol Drums Has Been Discontinued

Publicker Industries have decided to discontinue the practice of accepting the return of the empty drums. In the future they will use new drums only for shipment of alcohol. Please see that no more empty drums are returned to Publicker as there will be no credit made for such returns.

Coated Aspirin Produced For Gastric Distress

A process for mass production of enteric-coated aspirin tablets has been achieved after considerable research. These tablets are for use by persons who suffer gastric distress from ordinary aspirin.

Information For O.R. Supervisor

Surgeon's Needles, miscellaneous sizes and quantities. About half are Berbecker, the balance, while not in the Blue Berbecker Package, were almost all manufactured in England. Write St. Luke's hospital, New Bedford, Mass., for complete list and prices.

Medical Filter Cloth Still On The Market

Many hospitals have instituted the use of charcoal filter cloth in the care of any odorous condition. If you have not yet tried this cloth, the Bureau still has a quantity available for sale to any interested hospital.

Recent DDT Studies Reveal Toxic Effects

There is a possibility that DDT, once the "miracle" of the insecticide field, may become a has-been.

U. S. Department of Agriculture studies reveal that not only does DDT have a toxic effect on plants, animals and man, but that it poisons the soil also as a result of a few seasons of intensive agricultural use. Continued use will reduce crop yields year by year.

The Current Books

BACTERIOLOGY

INTRODUCTION TO THE BACTERIA—by C. E. Clifton, Professor of Bacteriology. McGraw-Hill Book Co., New York. 1950. 528 pages. Illustrated. Price $5.00.

This introduction to the nature and activities of bacteria will prove valuable to all approaching the subject of microbiology for the first time. A particular emphasis is placed upon the more common organisms which most directly influence the welfare of man.

The bacteria are compared with other microorganisms as regards morphology and physiology, and the biological and biochemical aspects of the subject are stressed. The material presented was chosen to illustrate the general principles of microbic behavior rather than to describe in detail the species, genera, families and orders of the bacteria.

COUNSELING

GENERAL CLINICAL COUNSELING IN EDUCATIONAL INSTITUTIONS—by Milton E. Hahn, Dean of Students and Professor of Psychology, and Malcolm S. MacLean, Professor of Higher Education, University of California. McGraw-Hill Book Company, New York. 1950. 575 pages. Price $5.50.

This important volume collects and collates the materials pertinent to the work of the clinical psychologist and to the applications of his methods to educational institutions.

It synthesizes for the first time materials on clinical counseling from the books and professional journals of the last ten years and organizes into comprehensible form the basic theories and concepts of the subject. The knowledges and skills essential to sound counseling practice are thoroughly described, with an emphasis on their practical aspects.

HYGIENE

PERSONAL HYGIENE APPLIED—by Jesse Feiring Williams, M.D., Sc.D. W. B. Saunders Company, Philadelphia. 1950. Ninth Edition. 471 pages. Illustrated. Price $3.25.

This well-known text presents the fundamental philosophy of health and hygiene, and it surveys health facts and their application to everyday living. Specific advice is given on how to care for every region of the body. Emphasis is placed on the mental and social aspects of healthful living.

The New (9th) Edition is thoroughly revised. The first chapter has been entirely rewritten in order to make more precise the meaning of health. Some of the great amount of new material that has been added includes: Recent recommendations of the Food and Nutrition Board of the National Research Council; data on blood fractions, blood types and the Rh factor; a more detailed explanation of the role of the pituitary hormones; information on dental caries and its prevention and treatment; the role of the sulfa drugs and penicillin in therapy; etc.

MEDICINE

PARKINSON'S DISEASE—by Walter Buchler. Published by Walter Buchler, London. 1950. 79 pages. Price $1.00.

Mr. Buchler's highly original book gives the patient's point of view, and as such, to the best of our knowledge, is the first to appear on the subject of Parkinson's Disease, though many have been written round strictly the medical aspect.

While full of useful information, Mr. Buchler takes the reader right from the start to the very finish without boring him for a minute or halting because of some technical expression. The book should be useful both to medical and nursing professions as well as to sufferers of Parkinson's Disease, the more so for the quiet confidence and faith it inspires.

NUTRITION

YOU CAN TOO—Mary Jane Moore, R.N. J. J. Tepper Corporation, New York. 1950. Price $2.00. Illustrated.

Many of the present day methods of weight reducing fail because they do not help the overweight person to understand why he or she overeats.

A woman may be required to diet and exercise the remainder of her life to keep a decent figure," Miss Moore says, "unless she understands and conquers the causes of overeating."

Miss Moore, who did graduate work in psychology at Columbia University, believes overeating can be properly understood only as a common defense mechanism in the same category with chain-smoking, alcoholism or stealing. While socially more acceptable, overeating is just as harmful as other defense mechanisms, she believes.

In addition to exploring the causes of overeating, the book offers a plan of "sensible eating" and exercises which will restore the figure. One chapter is devoted to posture and another explains how to give yourself a body massage.

A major feature of the book is a group of case histories, or as Miss Moore calls them "other women," who have faced squarely the problem of overeating. They have followed a planned program to eliminate the sources of frustration and regained their natural figures, and have led a happier and richer life as a result.

PSYCHOLOGY

CHILD DEVELOPMENT—by Elizabeth B. Hurlock, Associate in Psychology, University of Pennsylvania. McGraw-Hill Book Company, New York. 1950. Second Edition. 669 pages. Price $4.50.

This popular text has been brought up to date in its second edition, improved through classroom experience, and reorganized to make the material more readily assimilable. The book is a comprehensive treatment of the areas of behavior which are predominately characteristic of childhood. Practical experimental studies receive much attention, a complete bibliography is included, and the many illustrations serve to make the volume of greater practical value.

SEX WITHOUT FEAR—by S. A. Lewin, M.D. and John Gilmore, Ph.D. Lear Publishers, New York. 1950. 121 pages. Illustrated. Price $3.00.

This book is unique among scientific sex manuals for the range of its illustrations. Over 100 beautiful medical drawings in two colors and photographs go along with the text, highlighting every aspect of the sexual relationship from genital anatomy through the miracle of birth. Special attention is given to an illustrated analysis of modern methods of contraception.

Please Note

The list presented here is compiled from all available sources in an effort to develop a complete listing of new books and pamphlets.

The descriptive statement of each book has been submitted by the publisher.

Books will be obtained for our readers. Your order must be accompanied by check or money order for the published price of the book, and addressed to Book Department, Nursing World, 460 Fourth Avenue, New York, N. Y.

Nurses In The News

24 Flight Nurses Get Diplomas And Wings At Graduation Exercise

THE AIR FORCE added 24 names to its roster of highly skilled specialists Friday morning, June 2, 1950, when members of the Flight Nurse class at the School of Aviation Medicine received their diplomas and Flight Nurse wings at graduation exercises in the Randolph post chapel.

For nine weeks these student officers had been undergoing intensive training at the Air Force Medical School, not only in the science of air evacuation, but also in the fundamentals of various medical sciences as applied to flight. And during the final four weeks of the term the students took to the air to do aeromedical nursing or actual air evacuation missions.

The mission of the School of Aviation Medicine in training Flight Nurses is to qualify registered nurses of the Air Force and Navy, although there were no Navy members of that class, in basic sciences and specialized techniques necessary for the safe and efficient transportation of patients by air. This is done through the accomplishment of four primary objectives, namely:

To train the students in basic principles of aviation medicine in order that they may understand the peculiar problems imposed on human physiology, therapeutics and nursing care by flight; to enhance the development of skills and techniques required for aeromedical nursing of both medical or surgical patients, as well as those with personality disorders, by an intensive review of anatomy, physiology, pathology and psychiatry, and by emphasis upon the implications of specialized care of all types of patients before, during and after air evacuation; to acquaint the student with the history, development and present organization of air evacuation and to develop her skills with such equipment, material and techniques as are necessary for the administrative and medical planning and operation of air transportation of patients, and to provide each with knowledge of procedures and techniques to be used as expedients in the event of disaster. The scope of this training includes crash, ditching and survival procedures, as well as procedures for the evacuation of civil disaster victims.

The first five weeks of the course were devoted to formalized training, but in the last four the students, under the supervision of graduate Flight Nurses, participated individually in actual air evacuation flights. Seminars were held following each flight to discuss problems that arose.

Specific subjects studied during the nine weeks' course, which was under the direction of Chief Nurse, Captain May Hoadley, were aeronautical science, air evacuation, biophysics, dentistry, internal medicine, medical administration, neuro-psychiatry, ophthalmology, oto-rhinolaryngology (ear, nose and throat), physiology, rescue and survival, and surgery.

Air evacuation claimed the largest portion of the instruction with 155 of the 282 hours devoted to this subject. In their study of air evacuation the nurses learned the characteristics and use aboard aircraft of various types of respirators, in-flight feeding and use of oxygen equipment as well as care of patients in flight.

In their study of rescue and survival, which received second emphasis in number of hours, a total of 25, the nurses were required to learn how to survive in the jungle or the arctic, ditching procedure and the use of life rafts and Mae West life jackets.

But all the training was not strictly medical in nature. Nine hours were devoted to aeronautical science during which the students were taught air discipline and flying safety, parachutes, meteorology and communications.

This is the second Flight Nurse class trained by the School of Aviation Medicine during the current scholastic year.

Nurse Invents New Surgical Breast

THE initiative, patience, and determination of two sisters—Mildred A. Wright, R.N., and Mrs. Dora E. Gates—have resulted in the development of a

24 nurses received their wings and diplomas and are now ready to go on air evacuation missions.

new-type surgical breast, which many doctors state is the best prosthesis of its kind on the market today. Miss Wright and Mrs. Gates attended the recent convention of the American Academy of General Practice, held in St. Louis, where they had an initial showing of their Restoration Surgical Breast. A great deal of interest was shown by the visits of surgeons and physicians who attended this national convention.

After having had a radical mastectomy, Mrs. Gates was unable to find a satisfactory artificial breast. The sisters deeply felt the need of many mastectomies for a satisfactory prosthesis restoring tissues lost in amputation, and have designed and sculptured a custom-made surgical breast which has been successfully worn and tested as being a very comfortable model. The invention —for which there is a patent pending— is the result of two years of experimentation with methods and materials and has the feel of normal skin and breast tissue.

A workshop has been set up in the basement of the home of Mrs. Gates at at Bevier, Missouri, where impressions and fittings are taken and the prosthesis completed.

Miss Wright, a graduate from the Research Hospital School of Nursing, Kansas City, Missouri, has had post-graduate work in anesthesia and surgery at Cook County Hospital, Chicago. She is a member of the American Nurses' Association, the Missouri State Nurses' Association, and is the newly-elected vice-president of the Sixth District Nurses' Association. She is also a member of the Business and Professional Women's Club of Macon.

Mrs. Gates, a housewife and mother, has always been active in civic affairs and organizations and has held positions as school teacher, county supervisor of sewing, and practical nurse.

Miss Wright and Mrs. Gates will be happy to answer any inquiries regarding their Restoration Surgical Breast and may be contacted by writing to the Wright and Gates Surgical Breast, 302 North Bloomington, Bevier, Missouri.

Mildred Wright and Sister busy with new invention, a restoration surgical breast.

Tribute Paid Nurse For Anti-TB Work

MISS BERTHA CLEMENT was honored recently, on her retirement, after nearly 36 years of service for the Anti-Tuberculosis Association of Jefferson County, Birmingham, Alabama. Special tributes have been paid both by the oldest and youngest members of the Board of the Anti-Tuberculosis Association.

Her pastor, Rev. John C. Turner, at a touching ceremony spoke of her as "quiet and unostentatious, one who never stands in the forefront, but her efforts, ingenuity and splendid Christian character show through everything she does and is reflected in the lives of those she contacts."

36 years ago Miss Clement came to Birmingham with a tuberculosis patient from her hometown, Asheville, North Carolina. She was induced to remain. At first, she served as visiting nurse for the Anti-Tuberculosis Association and has from the very beginning fought tuberculosis in Jefferson County—this little woman with the big heart. She has retired but her life's work will go on.

Miss Clement receives an orchid from Miss Irene Sanderson, president of the Alabama State Nurses Association, as a measure of appreciation for 36 years of noble service.

The Psychic Income Element of Nursing

(*Continued from page 316*)

only a considerable social status, but also a prime avenue through which she expresses creative energy. The routines and habits of nursing help the nurse to achieve the basic satisfactions that come from accomplishment.

Many nurses of wide vision and excellent training choose to remain in their wards, declining promotions or other marks of what their associates call success.

Others, however, broaden the scope of their influence by moving to positions of responsibility. Whether she remains in the ward or becomes a supervisor or administrative official, the nurse who continually improves herself professionally and personally exerts a greater positive influence upon the patients under her care than the nurse who fails to grow.

Of course, in exerting a large measure of wholesome influence over her patients the nurse brings even greater values to herself. She realizes those values attendant upon a well-developed life. To cultivate one's powers to the utmost is in itself a challenge which appeals to everyone.

How Compensation Comes

Compensation comes not only in the realization that one has done her best, but also in the richness that goes hand in hand with the fully developed life, and in the satisfaction at seeing others benefited.

Nursing is a good job and a worthy profession. There are still inadequacies and inequalities in the nursing profession, but these can be, and will be, straightened out.

To be sure, traveling, cultivating acquaintances among people of different walks of life, keeping abreast of the times, cherishing an active outdoor life, and an avid interest in books, drama, and the arts, and above all, holding to one's sense of humor, will help one to be enthusiastic about any job.

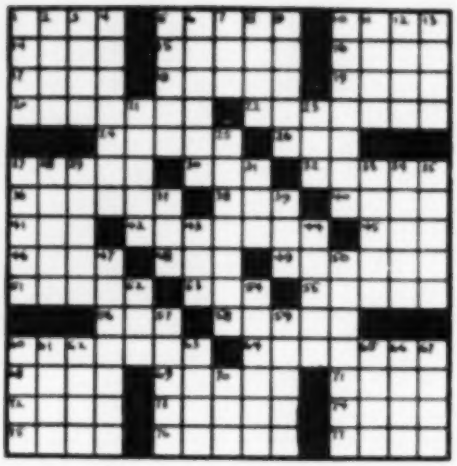
But a great portion of payment for services rendered through nursing must be in the satisfaction derived from the giving of that service. After all, the best hospitals are possible only when nurses are willing to do more than is required.

Here seems to be an application of the proverb, "Unless one earns more than one receives, he does not deserve as much as he gets." As a group, nurses will do well to borrow from the economist's way of counting blessings and consciously sum up some of the psychic income elements of nursing.

Medical Crossword Puzzle

By Alan A. Brown

(*Solution on page 342*)



ACROSS

1. Back of the leg
5. A flat basket
10. Encasement for a fracture
14. Pertaining to the mouth
15. To miscarry
16. Open
17. Mycobacterium (abbr.)
18. South American animal
19. Niton, uranium, erbium (symbols)
20. Inability to forget
22. Wrenches a joint
24. A number
26. The popliteal region
27. Part of a flower
30. Organ of hearing
32. Herb (Span.)
36. Usual condition
38. A sebaceous cyst
40. Covering on distal phalanx of finger
41. Suffix designating an enzyme
42. Habitual criminal
45. Deuterium, lithium, glucinum (symbols)
46. Ascend
48. General paralysis of the insane (abbr.)
49. Alertness of mind
51. Follow
53. Tin, carbon (symbols)
55. French maid-servant
56. A deity
58. Bridegroom
60. A disease which is local, not sporadic
64. Mind blindness
68. Cerium, yttrium, nitrogen (symbols)
69. Severe
71. A double chromosome
72. The ankle bone (pl.)
73. Colder
74. The flank (pl.)
75. Pertaining to the ear
76. City in Oklahoma
77. Part of a plant below ground

DOWN

1. Loss of consciousness
2. A chemical prefix
3. Openwork fabric
4. Wreckage of a ship
5. Cup-shaped organ or cavity
6. Remove, especially by cutting
7. Large snake
8. Upper extremity (pl.)
9. Staphylococcus (abbr.)
10. Attempted suicide
11. Against (prefix)
12. To knock senseless
13. Dactyl of the foot (pl.)
21. Pertaining to a depression in an organ
23. A line of light
25. Deep involuntary respiration
27. Wire loop used for removing polyps
28. A red coal tar dye
29. Squeeze
31. A color
33. Radioactive element
34. Main constituent of bile
35. Seaweed
37. Piece of timber
39. Born
43. Increases (slang)
44. Redness due to inflammation
47. Pertaining to improvement of offspring
50. Wandering
52. End of mouth (abbr.)
54. Desires strongly
57. A finger or toe
59. Musical drama
60. On the outside (prefix)
61. Tidy
62. Dysprosium, lithium (symbols)
63. Chromium, copper (symbols)
65. Wood (comb. form)
66. Iodine, argon, iridium (symbols)
67. The first man
70. To be affected with pain

The Industrial Nurse and Interpersonal Relationships*

by A. B. Abramovitz, Ph.D., Supervisor of Clinical Psychology, Mental Health Division, Board of Health, Madison, Wisconsin

EVERYTHING we value, everything that is important to us, ultimately depends on good interpersonal relationships. In some situations that we regard as highly practical we tend not to give enough attention to good interpersonal relationships. Because of this attitude, rationalized as practical, we seem to defeat our own ends. It is those practical situations, properly understood and properly utilized, that afford us the best means of improving interpersonal relationships.

The emotional needs of children and the methods used in meeting them are much more pertinent to grownups than we ordinarily think. We have tended too much to apply the negative aspects of our understanding of children's emotional needs to adult situations. There is potentially great value in taking a more positive approach, in an attempt to see what the adult and child have in common from the emotional standpoint.

No Fixed Rules

Many of the things that need to be said on this topic are disarmingly simple. Much of it may create the feeling that we have known all this anyway, but somehow have failed to apply it adequately. There are no fixed rules, but it is possible to sensitize people to a valid approach and set in motion a natural process which with proper exercise and tending will achieve good results.

The pivotal point of our discussion is the concept of anxiety. In its simplest terms, anxiety is the state of mind, of being, in which any person coming to you with a problem finds himself. Anxiety is the universal barometer indicating need for help. Our present civilization, our way of life, seems to generate more anxiety than can be readily or comfortably handled. No matter what the symptom of unadjustment, there is usually anxiety at the core.

As noted in a recent significant research on anxiety, the alleviation of that uncomfortable state through personal contact is the basic process of all interpersonal relations from infancy to old age.

We can help people with their specific problems through our personal contact. If we are called upon to help, we have to make it possible for people to share with us and to communicate to us their anxiety. The chief device we depend on is relieving anxiety by making it easy, comfortable and possible for people to express their anxious feelings to us.

Calls For Serious Consideration

At this point we should consider a few ideas particularly pertinent to those of you who are dealing primarily with people in job situations. First, let us note that by far the biggest factor in job adjustment is the ability to get along with other people. This includes not only getting along with others on the job but in all other life situations. The kind of interpersonal relations a worker has at home, in the community, etc., has real influence on the actual job adjustment.

Further, the whole history of an individual's interpersonal relations, going back to his infancy and childhood, has a very definite effect on the present job adjustment. The worker's attitude toward authority, ability to accept instructions, attitudes of cooperation, capacity for frustration, ambitions or level of aspiration, all of these are rooted deeply in the history of the interpersonal relationships. Also traceable to the same source are such perennial problems as absenteeism, malingering, aspirin demanding.

The sample of behavior which any worker presents to you at the moment in his contact with you is rooted in the past and is part of a total experience. The failure to recognize this one fact and to deal with it appropriately is a chief cause of lost opportunities to help people as well as of unintentional injury to people.

We must break our habit of seeing current behavior samples as isolated fragments to be dealt with in terms of surface manifestation. The outward behavior is always meaningful and it is our task to search constantly for underlying meanings. This is not as impossible or impractical a demand upon you as it seems. The task is enormously simplified if we are guided by the principle that all surface behavior is an individual expression of basic needs, needs which most human beings have in common.

Our constant guiding questions should be: What are these universal needs? What are the individual's specific requirements along the same line? These needs may be safely boiled down to two absolute essentials: (1) A feeling of secureness in every possible way, and (2) A feeling of adequacy, of worthwhileness, in every possible way. Anything that hinders the satisfaction of these two needs is bound to create some kind of a problem in the individual.

On the job each worker needs satisfaction of both the feeling of security and the feeling of adequacy. Unfortunately so many industrial situations are not at all suited to provide either of these satisfactions. This means that it takes extremely well adjusted people to avoid problems on the job. Here we have some explanation of the large numbers of "steady customers" who seek a haven in the nurse's office.

Admission of Failure is Difficult

To admit to oneself or to someone else failure to satisfy the two basic needs is extremely difficult for any human being. Automatically defensiveness is called into play. In seeking help rationalization is necessary—there has to be a comfortable way. The internal struggle—the defensiveness, the rationalizations—are all reflected in the outer behavior, and obviously this gives but a distorted view of what is really going on inside the individual.

Many people prefer either to continue carrying the burden within themselves much too long and with much too great pain, or they seek false solutions.

*Summary of the Speech Given at the Wisconsin Industrial Nurses Institute, Milwaukee, February 4, 1950.

They will hesitate to utilize appropriate professional services, such as mental health clinics, or once having approached such resource, a major part of the battle will be to help them overcome their defensiveness.

Perhaps the most unique aspect of the industrial nurse's situation is that people who need help feel much more comfortable in approaching her than probably any other resource. They are able to approach you in terms of physical aches, pains, injuries. This is a much easier way to seek affection, acceptance, release of anxiety than to have to admit frankly, "I am coming for help because things are not going well with me emotionally, because I am a personality in conflict."

One of the most important clues to understanding what on the surface appears to be the unintelligible behavior of many people is the fact that they tend to accept a lesser pain in order to avoid a greater pain. Physical complaints are included in the designation "lesser pain." Even severe physical pain may frequently represent to the person less suffering than what is involved in facing even a comparatively minor psychological pain. It should be noted in passing that accident proneness is also frequently reflective of emotional problems.

One of The Key Concepts

We come now to another one of our key concepts. One cannot truly understand human behavior and deal with it effectively until a non-judgmental or objective attitude is attained. Two basic conditions must be met in order to achieve such an attitude: (1) we must understand something about our own feelings, attitudes, prejudices, conflicts; (2) we need perpetual practice in trying consciously to view and understand other people's behavior for what it really is rather than in terms of our own feeling reactions. The application of certain principles of interviewing provides a practical device through which we can strengthen and develop our ability to deal objectively with other people's behavior. We shall note later some of these interviewing principles.

You are constantly exercising a very practical kind of therapy. It is the least artificial form of therapy and the most dynamic. You are not attempting to probe deeply into the emotional problems, not trying to substitute for a psychiatrist. You are dealing on the spot with environmental realities. You are helping with specific difficulties in specific terms, usually under conditions most conducive and most comfortable for the patient to accept.

A prerequisite to helping other people is some kind of a guide or set of standards which we can apply equally to ourselves and our clients, a set of standards that will tell us quite accurately and specifically what the dividing line is between good and poor adjustment. One such helpful set of standards you can find in George Lawton's book *Aging Successfully*. A set of standards like this can help us to screen the daily problems we encounter. It may help to tell us who needs referral to a specialist in human adjustment problems.

Use of Guidance Clinics Urged

As a representative of the State agency which is promoting the development of child guidance clinics in Wisconsin, I should like to put a word in here about the industrial nurse's use of our clinics as a resource. There undoubtedly are frequent situations in which you find that the father's problems are creating emotional difficulties for the children. If you help to work out a referral to a child guidance clinic in such a case you will not only be furthering preventive work, but if the children get help, you will indirectly aid the father. If you can help the father get to the clinic himself in connection with the child's problem, that would be particularly desirable.

One of our difficulties in guidance clinics is that usually we are able to have access primarily to the mothers. Particularly when the fathers are working at jobs with routine hours, as in industrial plants, is it difficult to reach them. Yet the very adjustment on the job may be quite definitely affected by the problems going on in the home.

To turn now briefly to some special considerations in interviewing. The interviewer needs to convey the attitude that here is someone who can be depended upon comfortably for help and yet will not demand excessive dependence of the client.

In the interviewing relationship a distinction should be made between friendship and professional friendliness. In the professional relationship it is a more one-sided affair. The interviewer has to do much more listening than talking, has to control personal, subjective reactions. The good interviewer, unlike the personal friend, must not expect to utilize the relationship for personal satisfaction. Non-professional, non-skilled interviewers err greatly in making the relationship serve personal satisfaction. What these satisfactions are will vary a great deal with the individual interviewer.

Some tend to be cross examiners, thereby satisfying such needs of their own as to enjoy vicariously the juicy details of someone else's life, or to get the satisfaction of proving to themselves that they are quite clever. Some utilize the relationship in order to dominate another person who is in a dependent or underdog position. Sometimes it is more than domination. It may be the need to express hostility in a subtle and yet socially acceptable way. Sometimes it is the need to work out the interviewer's own personal conflict through the relatively safe medium of someone else in the same boat. Whatever the needs of the interviewer may be, it is clear that they must be at least fairly well understood by the interviewer himself that he must have a fairly adequate degree of control and adjustment of his own problems before he can be of real help to others.

You undoubtedly have often heard the advice that a good interviewer had better be a good listener. I am afraid that while one can train oneself to a certain extent to do more listening than talking, the real issue will depend on what sort of persons we are and what sort of adjustment we have been able to work out in our own conflict.

Annette Garrett brings out a very crucial concept for the entire topic of interviewing: "People do not always behave and act as they feel, do not always say what they really mean, do not always behave logically and rationally." The implication is that the human process going on in the interview is not primarily an intellectual one. It is rather an emotional experience both for the client and for the interviewer.

Failing to recognize this, we frequently bank too much on *what* is said, on the factual material that comes out of the interview, on the logic of the discussion. We need to keep in mind that the feelings involved are much more important than what is said either by the client or the interviewer.

Anxiety Reaction Emphasized

Perhaps the most important feeling that has to be dealt with is the one we have emphasized earlier, namely the anxiety reaction. Let people get things off their chests, let them do it in their own way. Do not feel that you must get a logical picture of the facts. You may learn much more about your client from what is left unsaid. Sometimes a partially silent interview is of tremendous value.

A basic condition of good interviewing is that both you and the client be relaxed. I know that this raises some practical problems in industrial settings, but would urge that you do everything possible to assure this relaxedness. The most important source of it is you your-

(*Continued on page 335*)

Nursing in a Small Southern Plant

by Frances C. Parker, R.N.

DO you picture the typical Industrial nurse as one who reports for duty in the morning to find her day filled with routine tasks? Many nurses have just such a concept of Industrial nursing, especially where it involves a small plant, but at the Collins & Aikman textile plant in the foothills of the Uharrie Mountains of North Carolina, nursing has proven to be a real challenge. A dynamic program exists in this southern plant, and the job has never been boring.

Before the present management took over this corporation, a nurse had not been employed, and when over three years ago, I accepted a position as Industrial nurse here, we realized that it would take time to gain the confidence of some of the employees concerning the new Dispensary set-up.

I especially remember the case of a doffer who came to the Dispensary with some lint in his eye. I washed the affected eye with a Boric acid solution, after which he queried, "What was that you put in my eye?" Upon being told, he remarked haughtily, "Well, even I, a doffer know better than to put acid in a person's eyes." Now, several years later, this same employee is quite an exponent of prompt Dispensary care.

Genuine Interest Necessary

It is my belief that employees will trust an Industrial nurse when they are confident that she has a genuine interest in them and in their individual problems. I value very highly my personal contacts with these people from all walks of life, who are working together to the busy hum of man-made machinery which does super-human tasks, for a common cause—getting out Production.

Management, at our plant, realizes that the Dispensary is part of the production line too, and a Dispensary visit is encouraged for just a plain Aspirin for headache or a visit to discuss family situations and other problems.

Each Dispensary visit, no matter how minor, is recorded on a form made for this purpose and later filed as a Medical record. A Medical record is kept of all personnel. A monthly report of the number and types of visits is sent to management. This practice has been most helpful when checking upon the cause and rate of Industrial accidents.

Physical examinations are made on all new employees by the company Doctor, who visits the plant three times per week and who is on call at all times.

Signed routine orders have been left at the plant for use by the nurse during the Doctor's absence. Old employees are offered the opportunity to take a free yearly physical examination in the Dispensary and the majority of them have now responded to this offer, although some were a bit leary of the idea at first.

These examinations have revealed several Diabetics, people with Hypertension, obesity and other defects. We check these people regularly, aiding them with their diets and other problems.

Free Educational Pamphlets

Many free pamphlets may be obtained through the various insurance companies and Public Health Departments which are very helpful to these patients.

We dispense these booklets to the individual with the hope of making each patient feel that it was written just for his particular case. This service further aids in gaining the patient's confidence and also assures him of our well intentioned efforts.

Each year, the different departments in the Mill are visited with a portable Keystone vision test machine and eye testing is done on a voluntary basis.

An eye examination by an oculist is recommended where a failure to pass the test is encountered, and quite a number of persons have been encouraged to get glasses or have their glasses checked or changed as a result of these tests.

It is so easy to put off having glasses changed over a period of time, and the various eye tests seem to be good reminders that the time to do it is "NOW."

Because ours is a small plant, Hospital and sickness insurance, which is carried on all employees and their dependents by the company, is handled in the Dispensary.

Figuring insurance benefits may be quite different from charting temperatures, but to me at least, it has been much more interesting.

Sickness benefit checks are delivered in person if possible, especially if there has been a long illness or in maternity cases, where questions about the new baby might come up.

A very important phase of Industrial nursing is filling out the ever-present Workmen's Compensation forms and seeing that all accidents, serious enough to warrant a visit to the Doctor, are reported promptly to our insurance carrier.

The greatest problem that we have had to cope with in this respect is educating the workers to the importance of reporting any accident immediately.

Safety bulletin board posters have helped and our monthly safety meetings, where the Management, Personnel manager and Foreman meet together to discuss hazards and problems, has also helped to stress this point as well as to reduce our accident rate.

The Safety Engineer of our Industrial company usually attends our Safety meetings and his viewpoint as well as his Safety films have been of much value in building a sounder program. His latest report concerning our lost time rate has been reduced from 39.5% in 1949 to 7.5% in 1950, which is encouraging.

Summary

Although First Aid is an important part of a Dispensary program, Industrial nursing in a small plant involves much more than dipping an applicator into the Merthiolate bottle.

It includes Nasal spraying, recommending Safety shoes, giving preventive vaccines, Diathermy treatments, assisting with physical examinations, keeping accurate records, filing, maintaining insurance claims and taking an active part in the Safety program, all of which educates the employee toward better health and thus makes him a more satisfied and productive worker.

Conclusion

New horizons are now looming ahead for the Industrial nurse in the south with its many new and expanding Industries. The small plant offers a definite challenge and the scope is as wide as you care to make it.

Excerpts From Industrial Health Conference

Penicillin - procaine and antitoxin injected together have been found to be the best treatment for the prevention of tetanus or lockjaw.

Milan Novak, M.D., professor and head of the Department of Bacteriology, and Welton I. Taylor, Ph.D., instructor of bacteriology, stated that best results were obtained when both penicillin-procaine, a procaine salt of penicillin, and antitoxin were used. They report that since 1930 approximately 800 cases of this serious disease have been reported in Illinois with about 600 deaths.

"No other adequately treated bacterial disease results in as high a fatality rate," they said, adding: "Antitoxin, while relatively effective as a preventive agent, is accompanied by hazards of sensitization and other undesirable features. Its use is not practical in all cases and is usually limited to grossly contaminated wounds."

Exposure is an important factor in the incidence of tetanus. There was a time when Fourth of July firecracker celebrations took a yearly toll of lockjaw victims that mounted well into the hundreds. The commonest cause of tetanus is the exposure of a wound. Punctured wounds are more dangerous. Nails, needles and splinters are particularly vicious weapons in the production of lockjaw. The disease is caused by a drumstick shaped bacillus found in the soil.

In adults about 80 per cent of those who develop tetanus die from the disease. Prompt treatment of suspicious wounds and early antitoxin inoculation is the best prevention.

In their paper, the Chicago investigators said: "Mice experimentally infected with tetanus spores were subjected to comparative studies on the prophylactic value of penicillin alone, antitoxin alone, or a combination of the two. Results showed that animals treated with dosages of penicillin-procaine comparable to six hundred thousand units in man in one single injection resulted in a reduction in mortality from one hundred per cent in the controls to five per cent in the treated animals if prophylaxis was instituted within six hours after infection under the conditions of the experiments, antitoxin in dosages comparable to one hundred thousand units in man failed to reduce the mortality over that of untreated control animals although the survival time was significantly increased.

"Best results were obtained when both penicillin-procaine and antitoxin were used. The data strongly suggests the advisability of the use of penicillin-procaine as a prophylactic agent either alone to inhibit the growth of toxin producing organisms or together with antitoxin in order to also neutralize any toxin already formed. Where antitoxin is definitely contraindicated or its use impractical for certain reasons penicillin-procaine should be used. Adequate dosages ranging from six hundred thousand to one million units are necessary to maintain an inhibitory level over a period of several days following a single injection."

The modern trend of the "bobby soxer" who wears low-heeled, broad-toed shoes is going to be very helpful from a foot-comfort standpoint, for coming generations, says Dr. Carlo Scuderi, Chicago. Furthermore, Dr. Scuderi said that the common foot troubles, such as corns, callouses and ingrown toenails, which he referred to as "trivial disabilities," very frequently reduce the working efficiency and health of employees.

He advised employees to "take care of your feet now if you expect your feet to take care of you later. Probably the most common cause of foot disability is improperly fitted shoes. High heels, pointed toes and narrow lasts give rise to bunions, callouses, corns and fallen arches."

Callouses and corns are the result of abnormal foot pressure usually produced by tight shoes or overgrowth of bones that produce abnormal pressure to the skin. The treatment of this condition is the removal of the cause of the pressure, either larger shoes, longer shoes or the use of metatarsal or longitudinal arch supports to redistribute the weight to the normal bearing point of the sole of the foot. Cutting of the corns and callouses and the application of medicine for their removal are by far the most efficient methods of treatment.

Ingrown toenails are the result of pointed shoes and the common habit of cutting the corners of the large nail off. This produces a sharp edge much like a farmer's plow that digs into the flesh as the nail grows forward. Constant cutting of the large toenail at right angles to the direction in which it grows eliminates permanently the disability of ingrown toenails.

Athletes Feet is the result of a fungus infection which is very contagious and rapidly can be transmitted through all the members of the family if the carpet and flooring once become infected with the organisms. Hygienic precautions, sterilization of the stockings and careful cleansing of the feet with application of adequate ointments in most instances produced a very rapid and permanent cure.

The well-known fallen arch is the dropping of the longitudinal arch of the foot and is usually the result of abnormal footwear, overweight or poor walking habits. In some instances structural weakness of the foot is the underlying cause. Properly fitting shoes with a rigid shank, long counter and orthopedic heel with longitudinal arch supports are most beneficial. This is enhanced considerably by judicious graduated exercises to strengthen the structures on the plantar surface of the foot.

Callouses under the transverse arch or the commonly known metatarsal arch, are the result of abnormal weight bearing. Redistribution of the normal weight bearing to the metatarsal heads can only be accomplished by the use of metatarsal bars or metatarsal pads. This requires the help and assistance of a competent orthopedic surgeon. Commercial, standardized pads and arch supports are frequently unsuccessful in the treatment.

Measured from the standpoint of potential working years destroyed, the number one **death hazard** of the American worker is a fatal accident although the national death rate from heart disease is 11½ times that from accidents.

Frank G. Dickinson, Chicago, Ph.D., director of the Bureau of Medical Economic Research of the American Medical Association pointed out that 89 per cent of the deaths due to heart disease in 1945 occurred among persons 50 years of age or over, and that the average age of death from heart disease was 67.6. This was beyond the normal retirement year of 65.

"In sharp contrast," he added, "we find that the average age of the death from accidents was 45.8. For those engaged in industrial nursing this point is the most important one to be considered in daily work."

Dr. Dickinson used ages 20 to 65, or 45 years, as the normal working period. The total number of working years cut off by all fatal accidents which occurred prior to 65 represented "working years lost."

"On that basis," he said, "fatal accidents cut off 1,751,000 working years, or 12.6 per cent of the mythical total working years cut off by all causes of death.

"Heart disease accounted for the loss of 1,684,000 working years, or 12.2 per cent of the total. Cancer accounted for 7.5 per cent, tuberculosis 7.2 per cent, nephritis 5.1 per cent and cerebro vascular diseases 5 per cent."

Dr. Dickinson said this view puts the chronic disease problem into a new perspective. "If we are thinking about the value of life to the human beings we should rate the cause of death by the number of people dying, which would place heart disease first," he said. If we are thinking about the working years, plus the retired and preworking years, we should rate the causes of death according to the number of years cut off by death, which would also rate heart disease first.

"But, if we are thinking about the productive, military and economic strength of the United States we are forced to rate the leading cause of death according to the number of working years destroyed, which places fatal accidents the number one death hazard of the working people of this country."

Periodic health examinations of executives of the Consolidated Edison Company of New York, Inc., have proved to be "an important factor in the fight against diseases which cripple useful working life," as pointed out by Dr. S. C. Franco, assistant medical director of Consolidated Edison Company of New York.

Such periodic examinations are the best means of reducing the rising cost of medical care which is now mainly expended for curative medical facilities.

He points out that Consolidated Edison executives have been undergoing periodic health examinations since 1949 as part of a preventive medical program to maintain optimum health among employees.

"The main purpose of this examination is the prevention of disease and the early diagnosis of incipient disease processes. This is a new approach in industrial medicine as all previous efforts have usually been devoted to curative medicine, or treatment after the damage has been wrought by disease."

Continuing, Dr. Franco relates: "An individualized approach is used in each case. A careful history and physical examination furnish the basis for selective laboratory studies. This prevents the examination from developing into a routine procedure, whereby the personality and the needs of the individual are lost in a maze of routine findings.

"A disease process was uncovered in approximately 25 per cent of the persons examined. Many were in an early stage and would respond to medical treatment. The majority of the abnormal findings were in the cardio-vascular system; that is abnormalities of blood pressure, heart and blood vessels. They are commonly known as degenerative diseases. These produce premature disability, usually in the fourth and fifth decade, and curtail a person's activities at that time in his life when his experience and talents would be the most useful. Increased weight, even when moderate, bore a distinct relation to cardio-vascular disease. Laboratory studies disclosed abnormal blood chemistries in a good percentage of the cases of obesity. From the practical point of view loss in weight corrected the abnormality in the chemistry and produced improvement in the disease process.

"At the termination of the examination, the significance of the findings is discussed with each individual and a report is forwarded to his family physician. The final interview is the most important part of the examination because it gives the best opportunity to correct errors of habit and diet which play a major role in the development of the so-called degenerative diseases. It also allows the physician to give prophylactic advice about mental hygiene and outline a program for reasonable living to each individual."

More study should be given to the chemicals that "are strongly suspected" of influencing or causing cancer, exclaims Dr. J. R. Heller, director of the National Cancer Institute, Bethesda, Maryland.

"Chemicals that are considered cancer hazards are known as "carcinogens," which, though relatively small in number, come into varying degrees of contact with a large segment of the industrially employed population. Dr. Heller said:

"Known or strongly suspected carcinogens include benzol, beta-naphthylamine, benzidine, coal tar, pitch, asphalt, soot, shale oil, crude paraffin oil, lignite oil, lignite tar, petroleum fuel and lubricating oils, arsenicals, chromates, radioactive substances, and perhaps nickel carbonyl and asbestos. Although not yet implicated in human cancer, animal cancers have been produced by other environmental substances such as estrogens, urethane, chlorinated hydrocarbons, beryllium, and selenium.

"Because both the industrial and general population are exposed to a growing list of chemicals of largely undetermined biologic properties, there is an urgent need to assay these substances and to determine the extent of chemical cancer hazards. Epidemiologic studies of environmental cancer, such as those recently conducted by the chromate and petroleum industries, should be considered by other industries, including consumers as well as producers of known or suspected carcinogens.

"Studies should include the entire present and former worker population that had effective contact with cancerigenic chemicals. Special attention should be paid to any unusual frequency of cancer of a specific site among employees in a restricted department or operation. Such information can be obtained from medical and employment records, supplemented by data from public health departments and insurance carriers. Where chemical carcinogens may have polluted air, water or soil, the surveys might well include the general population living in the fume or waste disposal zone.

"Surveys of environmental cancer require team work among plant managements, industrial physicians, the medical profession, and Federal and State health agencies. Since industrial physicians are most aware of chemical cancer hazards, they should communicate their special knowledge to the medical profession as a whole, so that all may contribute their full share to the identification and ultimate prevention of chemical cancer."

Workmen continually exposed to dusts are more prone to respiratory diseases, such as influenza, pneumonia and the common cold, than their fellow employees, according to Dr. Alva D. Rush, of Detroit, staff specialist in charge of Industrial Hygiene at the Chrysler Corporation.

Interpersonal Relationships

(Continued from page 330)

sell and your attitudes. But such things as a quiet place with some measure of privacy would help considerably.

Finally I should like to caution strongly against the tendency to give advice. When you give advice you are taking over the job of the client. He needs encouragement to work out some of the important answers for himself. By encouraging him to express his feelings and attitudes freely and with impunity, you make it possible for him to get a clearer view of his problem, to feel more sure of himself in facing rather than evading his difficulty, and in independently reorganizing his approach to things.

Admittedly we have been merely skimming over the surface. I hope this will not leave you more puzzled and more frustrated. In concluding it is perhaps necessary to emphasize the hopefulness of your attempts to help people. You probably, all of you, are doing much more than you realize.

The vital thing to recognize is that you ought not to leave to chance anything that can be handled purposefully. The people who come to you for help will not solve their difficulties by sheer chance or wishful thinking or even by applying so-called will power.

The process of readjustment needs to be deliberate, purposeful, mediated by competent therapists. You must recognize that whether you will it or not you are cast in the role of therapist every day of the year.

Industrial Nursing Q&A

D. Lauderman Boner, R.N.

1. QUESTION: *I am an Industrial Nurse in a plant located in Southern New Jersey. Since I am new in this field of nursing I would appreciate any information concerning the various types of duties which an industrial nurse might be expected to perform.*

Industrial R. N.

ANSWER: The duties of an industrial nurse will vary depending upon the industry in which she is employed. The following outline covers generally the duties that might be expected of an industrial nurse.

1. Immediate care of, first-aid and subsequent treatment for all industrial injuries and illnesses including courtesy or first-aid care of non-occupational injuries as may be indicated by company policy. (All treatments given by a nurse must be carried out under standing orders issued by a duly licensed physician and also under his supervision).

2. Maintenance of First-Aid Department, ordering necessary supplies and equipment, and care of same.

3. Health supervision of employees —Personal observation of employees, noting physical signs, symptoms and complaints and referring employees to the company physician, private physicians, clinics and other health agencies as indicated.

4. Assisting the attending physician with the physical examination program.
   a. Noting or recording personal history.
   b. Noting and recording weight, height, vision, blood pressure, pulse and temperature.
   c. Assisting with laboratory tests as directed by the physician.
   d. Making appointments and supervising clinic activities.

5. Follow-up for correction of defects revealed by physical examination. Giving assistance to employees in securing the correction of physical defects and social maladjustments.

6. Promotion of Health Educational Program such as:
   a. Bulletin board posters, plant magazine health articles, pamphlets, etc.
   b. Individual or group instruction on matters of health and personal hygiene.

7. Nutritional program.
   a. Aid in the development and activities of the plant cafeteria.
   b. Encourage the consumption of nutritive foods.
   c. Inspection of food, garbage disposal, dishwashing, food handling etc.

8. Aid in Plant Safety Program.
   a. Serve on safety committee, including safety inspections.
   b. Assist and instruct in use and care of safety equipment, such as respirators, goggles etc.

9. Assist in plant sanitation program. Make periodic inspections of buildings with a view towards the following:
   a. General Housekeeping.
   b. Drinking water.
   c. Lighting.
   d. Occupational disease hazards.
   e. Restrooms, locker rooms, washing and toilet facilities.
   f. Ventilation.
   g. General aspects of work environment.

10. Integration of service as pertinent to Industrial Relation or personnel policies.

11. Participate in plant welfare program. Advise regarding group insurance, policies, hospitalization plans, absenteeism program, recreation and other activities.

12. Maintenance of adequate records.
   a. Individual.
   b. Daily.
   c. Monthly.
   d. Annual (Summary).
   e. Insurance records—Compensation and group insurance as they pertain to the employee's physical condition.

13. Make reports and recommendations to management.

14. Cooperate with Local, State, Federal and other health agencies.

15. Attend company supervisory or departmental meetings.

The industrial nurse in assuming these responsibilities must be most careful at all time to realize the legal limitations of her professional duties. A strict adherence to the Standing Orders issued by the doctor along with proper medical supervision will serve as a protection to both the nurse and the company.

2. QUESTION: *An employee in our company filed a claim for Workmen's Compensation and is being treated for the injury by his family doctor. The other day, this employee came in to see me and told me that he had received a letter from the Labor Department (New York State) asking him to report for a physical examination by a Labor Department physician. This employee asked me if he is under any obligation to do so and I was unable to answer this question. Could you help me on this point?*

Industrial, R. N.

ANSWER: The employee in the situation which you describe in your question must submit for examination, at reasonable times before the Labor Department physicians or specialists.

Refusal by the worker, to submit to reasonable examinations, may forfeit his right to compensation for the period of refusal.

Send Your Questions

We would be pleased to receive questions regarding any phase of Industrial nursing. Only questions of general interest will be published. However, all inquiries will receive a personal reply. Address your questions to:

Industrial Nursing Q and A
Room 902, 468 Fourth Ave.
New York 16, New York

Time's A - Wasting

By Mary R. Shelton Percival, R.N.

UNLESS some contrary effort and adjustment is made, the habit of being late, can, and usually does, grow until it becomes not only a disturbing element but ends in a vicious circle of disturbing circumstances.

It stems from procrastination and poor organization and is directly related to a thoughtless disregard, and to some measure, a lack of personal integrity.

Late people are essentially lazy people. They lack well thought out initiative and honest self confidence.

Why are they late. What fallacies have they accepted that blinds them to the waste of their own time and the time of others?

Some of them have no conscious motive. With them it is apparently only disorganization and a lack of personal integration.

Other examples, we have all observed, are those individuals who, like a child that whines, cries and is disobedient to attract attention, seek, by being late, to obtain recognition over and above the group of which they are a part. They hope to make an impressive entrance or become important by making others wait for them.

The man or woman with earned self confidence, ambition and ability does not engage in any form of exhibitionism. They show their worth through accomplishment.

An intelligent well integrated personality is modest, thoughtful, kind and unassuming.

He performs with promptness, honesty, efficiency and with little lost effort. Habitually late people can not be dependable or effectual and are soon labeled, as such, by society.

In the beginning the late comers have numerous alibies — something always seems to come up at the last moment.

They seek sympathy and may get it for a while, but after a time they may cease to explain at all.

They arrive late with a blithe and unconcerned air. Self administered soothing syrup has lulled them into a false security.

To be late is a form of taking advantage of situations that involve someone else. It has been demonstrated effectively that no one is so important that they can not be replaced.

If you are late on your job you inconvenience not only its own particular smooth precision but also those jobs directly or indirectly related to it.

If you are late for social engagements you cause disruption and discord of plans made.

No one, irrespective of how much preparation and knowledge he has for any work, will be tolerated too long if promptness can not be depended upon.

When promotions come up for consideration or a reduction of personnel is imminent many personal traits are taken into consideration.

The one who is punctual and conscientious, even though he may lack in some measure the standards set, will in most cases be given preference.

Let me cite you a case. A man of my knowledge who holds a college degree, is well fortified in his field of earning bread and butter—except—he is always late to the job, to social functions, to meetings, et cetera.

In a reorganization of the firm for which he held an important job, some one, on the level of the organization that he occupied, had to go.

When merits of all were reviewed and evaluated our late friend was found wanting. His habitual lateness counted him out.

The difference of having or having not depends many times upon many variables but habitual lateness is a symbol of net end performance that is always counted when a choice and a decision must be made.

Your friends may seem to be more tolerant. They may condone or make exceptions for you and even get around the situation by setting your hour of arrival ahead of its scheduled time.

In the overall picture, however, irrespective of patience and tolerant acceptance they will eventually lose a little of that respect and admiration we need and desire from our friends. Here, too, you lose out when a definite time must be met and depended upon.

Following the laws of physics we learn that the only velocity we can measure is the velocity relative to some substance or body. Our objectives are relative to time.

Our objectives and time then are both irrevocably relative to, and a part of, the velocity with which we accept and use them.

Many works of yesterday are outmoded and obsolete. The successful man or woman does not dissipate time. They are vigilant—alert and ready to grasp and keep up with the ever changing and moving scene.

Time is intangible, fleeting and expendible. It can not be held back or recovered. It is ours momentarily to use or dissipate.

Organizing time is a habit too and one whose results will pay in widespread, satisfying and constructive coin.

The world today affords so many different kinds of opportunities. Many are knocking at opportunities door. Nature removes the sluggard, the unfit and the late comers by her law of the survival of the fittest. Society, too, has a way of weeding out the weak and undesirable.

We, the graduate professional nurses, can not afford to waste time on our job. Time is too vital in the performance of our duty. Seconds lost may mean a life.

If we are late to our job we may upset a carefully planned schedule, the machinery of which may be clogged and more time needed to put it into smooth running order.

We upset the plans of those we relieve, setting into motion a series of readjustments. Time to us is an essential commodity.

We, of all classes, vitally need, and should have within our selves, that consistency of performance, made up of integrity, self-confidence, personal integration and organization.

Ours is an honored, responsible and satisfying accomplishment. Its future esteem and objectives depend not only upon the plans and rules of the association but upon each and every one of us.

It is a united project and a united effort that makes up the end results. We stand and fall together. Each link of the chain must hold.

Napoleon has been credited with admonishing his followers in somewhat this fashion: "Do not engage in battles that have no possibility of success." Being late is a losing battle. Time's A Wasting

Time is a unit—hours of minutes
I thought I'd hold it for a while
So sat and waited before doing
In my usual listless style.

But time's a-wasting I've discovered
It wouldn't stay—or wait for me
Flowing ever through my fingers
Like a river to the sea.

If you catch it—you must hurry
Grasp each second—fill it too
For the moment of its passing
May spell success or doom for you.

The Progress of a Vision

(Continued from page 315)

planned to assist the nurse with problems encountered in the field.

Supervision during this period plays an important role in assisting the new nurse to adjust to the work of the agency. During the first year on the staff the nurse and the supervisor plan field supervisory visits based upon the need of the nurse. Thereafter the field visits are made on a periodic basis and at the request of the nurse. Following all supervisory visits the nurse and the supervisor evaluate the home visits and plan how subsequent visits may be improved.

Cooperative Planning

Through co-operative planning with a university the agency makes available field experience for graduate, registered nurses studying public health nursing. Depending upon previous experience these students spend from two to four months in applying to actual home situations the principles which they have learned. Experience is also planned for student nurses from hospitals having a full time public nurse on the staff or an instructor qualified to integrate the social and health components of nursing. From time to time the agency is requested to plan an observation period for nurses and doctors from foreign countries and for nurses from other universities and agencies.

In all phases of the educational program the staff nurses co-operate in making their contribution to the success of the educational endeavor. In reviewing and evaluating the personnel policies for the agency a committee with representation from the supervisory and staff group drew up tentative suggestions which were discussed by the entire staff. After agreement was reached these recommendations were submitted to the executive board for approval.

Working Schedule

As a result the agency went on an eight hour five day week. One week half of the staff is off on Saturday and on the alternate week the nurses are off on a week day, Tuesday to Friday inclusive.

According to national salary figures the agency is mid-point between the lowest and highest salaries in non-official agencies throughout the United States. There is a planned medical program whereby new nurses receive a pre-employment physical examination and an annual one thereafter. There are also annual chest x-rays and protective inoculations. The agency pays for this service.

Arrangements are made for a pension plan through the Community Chest. Nurses are eligible after they have been on the staff two years. Premiums are made on a contributory basis. Accident, health and hospital insurance are also made available on an optional basis.

The personnel policies provide four weeks vacation after a year on the staff, the seven main holidays and a four day spring vacation. The purpose of this latter vacation is to permit the nurses to have a rest period after being exposed to all types of winter weather and to prepare them for the hot days of summer in addition to the extra case load due to vacations. Educational and sick leaves are also provided for. Nurses work on Sunday on an assigned plan and on holidays voluntarily. All time worked Sundays and holidays is made up during the following week. The work on Sunday has increased so during the past few months that it was necessary to have three nurses on duty in place of the customary one nurse assignment. The increase is primarily due to the daily number of medications now being given hypodermically.

In review, one sees changes taking place in program and policies. Increasing scientific knowledge leads to new treatments; personnel policies changing throughout the country are reflected in the policies of the organization.

Today more than ever before public health nursing agencies must be alert to co-ordinate their work to the needs of the community, some programs must be dropped, others given renewed emphasis and new ones added.

The Instructive Visiting Nurse Association of Baltimore City has always been conscious of its responsibilities to the people it serves and we know that the vision of 1895 is alive today and will continue down through the future.

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Turner, Ethel. "Half Century of Progress," The Councillor, (September, 1945), 6-11.

(* *The American Cancer Society began in September, 1949 to pay for eighty-four visits a month to indigent patients with cancer.*)

America's No. 1 Public Health Problem

(Continued from page 318)

public mental hospitals throughout the nation, is the result of too many patients and lack of sufficient funds.

As a result of the publicity released by the U. S. Public Health Service, many states have been shamed into appropriating funds for improving these deplorable conditions that exist.

The people now having been fully aroused as to these conditions are bombarding their state legislatures with letters of appeal "to do something" and "do it quickly."

As the APA points out 86 per cent of the million-a-year patients are housed in public mental hospitals and it is here that the fire of criticism is being leveled.

Many states who heretofore ignored the shocking conditions that existed in mental hospitals have been forced to consider the problem as a result of the fiery newspaper crusade that has been evidenced throughout the country.

California is now in the midst of a $109,000,000 building program. After a similar newspaper attack, Maryland was aroused from its lethargy and forced by public opinion to shake-up the state mental health staffs and appropriate $20,000,000 for a health program. Oklahoma has followed suit and floated a $36,000,000 bond issue for its hospitals.

As contrasted to this urgency for improvement, Florida on the other hand slashed its mental hospital budget last year by 25 per cent. After the survey by Dr. Guthrie, the state legislature was forced to pass a limited sales tax to offset the original slash in appropriations. Florida legislatures have been under constant fire by newspapers ever since.

Massachusetts which has suffered periodic upheavals in its mental health staffs, is now preparing to launch another of its sensational investigations. There can be no doubt that the final outcome will reveal that "money again is the root of all evil."

The one note of encouragement comes from the government, which three years ago passed the national mental health act. This new act, mental health authorities hope may provide the answer to prevention of mental disease.

Under this act $11,000,000 is provided for basic research into the causes and prevention of mental disease; to train urgently needed personnel; and to establish local clinics and community educational programs.

Under the program instituted by the U. S. Public Health Service, authorities hope to reduce sharply the rising rate of mental cases by preventive treatment.

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(a) **ADMINISTRATOR**; new hospital, 75 beds, nearing completion; college town, short distances from several large cities, Midwest. (b) **ANESTHETIST**; modern well equipped hospital operated under American auspices in Venezuela; knowledge of Spanish desirable, immediately. (c) **ANESTHETISTS**; two; small general hospital located in resort area of Pacific Northwest; beautiful new hospital under construction; capacity 200; $4,200. (d) **ANESTHETIST** to join staff of well known clinic founded by famous surgeon; university medical center; $400 monthly including meals, laundering of uniforms. (e) **ASSISTANT DIRECTOR SCHOOL OF NURSING** having collegiate affiliations; excellent opportunity for advancement; beautiful location, California. (f) **DIRECTOR OF NURSES** to take charge of nursing services for two small general hospitals (combined bed capacity 150); town of 20,000, Pacific Northwest; $6,000. (g) **DIRECTOR, NURSING SERVICE**; New hospital, general, 65 beds; residential town on Lake Michigan, short distance from Chicago. (h) **EDUCATIONAL DIRECTOR** and nursing arts instructor; new hospital, 250 beds; small school; university town, 16,000, Southwest. (i) **INSTRUCTOR IN CHARGE OF EDUCATION PROGRAM INCLUDING INSTRUCTOR IN NURSING ARTS** and, also, **OPERATION ROOM SUPERVISOR**; modern hospital operated under American auspices, Asia. (j) **MALE NURSE**; industrial hospital; Chicago area. (k) **OFFICE NURSE** to assist physician having large industrial practice; office or industrial experience required, Chicago. (l) **PUBLIC HEALTH NURSES**; several, to serve as industrial health consultants with large insurance company, New York, Boston, Chicago. (m) **CHIEF NURSE** and, also, staff nurses, public schools (city), 30,000, Midwest. (n) **SOCIAL DIRECTOR AND COUNSELLOR**; voluntary hospital, 300 beds, college town, New England. (o) **STAFF NURSES**; several, relatively new hospital operated in connection with 25-man group clinic; $70 weekly, West. (p) **STUDENT HEALTH NURSE**; liberal arts college, Middle West. (q) **SUPERVISORS: PEDIATRIC, OBSTETRICAL AND SURGICAL FLOORS**; general hospital, 450 beds; new, air-conditioned residence recently completed; university city of 300,000, Southwest. (r) **PSYCHIATRIC SUPERVISOR**; newly created department in new wing of well established hospital; department averages 16 patients, principally private; college town, 100,000. (s) **ORTHOPEDIC SUPERVISOR** to standardize and improve nursing care on orthopedic wards; university hospital, university town, 40,000. (t) **OPERATING ROOM SUPERVISOR**; new hospital, 400 beds; affiliated with university medical school; operating room staff of thirty. (u) **SURGICAL NURSE** to assist, American Board ophthalmologist, chief, department, eye surgery, group clinic. For further information, please write Burnette Larson, Medical Bureau Palmolive Building, Chicago.

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IMMEDIATE VACANCY for (1) Clinical instructor and (2) Science instructor, medical and surgical approved school of nursing, 200 bed hospital, vacation—4 weeks' sick leave, free insurance policy, excellent salary and maintenance—Franklin Square Hospital, Baltimore 23, Maryland.

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1949 Trained Nurse Index Now Ready

The 1949 Index for TRAINED NURSE AND HOSPITAL REVIEW has been printed, and will be mailed shortly to a large list of libraries and individuals who have requested this Index.

Readers who may desire copies for binding the 1949 issues may obtain them by request.

International Health News . . .

Health Officials Representing 33 Countries Were Heard From At Recent Meeting

The relative advantages of surgery and radiotherapy in treating cancer of the uterine cervix were debated by world-famous specialists in women's diseases at the International and Fourth American Congress on Obstetrics and Gynecology which was held recently at the Hotel Statler, New York City.

"In the present state of our knowledge the rational approach to the treatment of cervical cancer is by the judicious employment of radiotherapy and surgery as complementary methods of attack," said Dr. Charles D. Read, noted English surgeon and head of the Chelsea Hospital for Women, British Post-Graduate Medical Federation, London.

The difficulty lies in the choice of patients most suitable for either or both forms of attack. To date, generally speaking, the vast majority of local cervical growths can be cured by radium therapy, but the response of the invaded glands to deep X-rays has been on the whole disappointing.

"Under present conditions, roughly one patient in every three, adequately treated for cancer of the cervix, survives five years or more, irrespective of the method of treatment employed. Better results can only be obtained by earlier diagnosis, earlier recognition of radio-resistance and improvement in deep X-ray therapy."

Stressing the great importance of early diagnosis and immediate treatment, Dr. Read explained that "the education of the practitioner as well as of the patient is still far from complete, and recent investigations have shown that the doctor is by no means absolved from blame for his too frequent failure to at least suspect the presence of an early cervical neoplasm. Cancer of the cervix should be treated as an urgency if not as an emergency."

One of the strongest advocates of radiotherapy for carcinoma of the uterine cervix was Dr. Hans L. Kottmeier, Assistant Professor and head of the Gynecological Department, Radiumhemmet, Stockholm, Sweden. Careful records kept on 1,965 patients treated by this method from 1938 to 1944 in the Radiumhemmet show a five year cure rate of 42 per cent.

"In Sweden," said Dr. Kottmeier, "we feel that education in the problem of cancer, enlightenment on the early symptoms, and also on the therapeutic possibilities available, are of prime importance to the establishment of early diagnosis. The education of the profession is more important than the enlightenment of the laity which may lead to cancerphobia in many cases. Therefore, the instruction in these subject-matters should in the first instance be given to the profession and also to nurses and midwives."

Referring to the "poor therapeutic record" in dealing with uterine cancer, Dr. Herbert F. Traut, Professor of Obstetrics and Gynecology in the University of California Medical School, said that "in all honesty, one must admit that there have not been any substantial improvements in therapy during the past 25 years."

"We make minor improvements from time to time," said Dr. Traut, "but no great advance has been achieved during that period of time. So it would seem that we must, as a profession, bend our efforts toward those measures which may bring about early recognition of cancer at a time when it can be easily and effectively treated and eradicated. We must commence to treat early cancer instead of advanced cancer."

Free or tax paid service for the care of maternity patients in Sweden and England was described by leading medical authorities from those countries who revealed that "although maternal welfare in Sweden is also important in relation to the population problem, the Government not only pays all expenses for medical and hospital care when a baby is born, but there are in addition several forms of financial aid to expectant mothers," it was explained by Dr. Birger Lundquist, Head of the Department of Obstetrics and Gynecology in the Southern Hospital, and head of the Midwife School, in Stockholm.

"Midwives handle all deliveries in Sweden, even in the hospitals. The cost for the education of midwives has been assumed by the Swedish Government since 1725. About 90 per cent of all deliveries are in hospitals and 10 per cent at home."

The evolution of the maternity services under the National Health Service Act in Britain was outlined by Dr. Dorothy W. Taylor, Senior Medical Officer for Maternity and Child Welfare in the Ministry of Health, London, England.

"Measures to save maternal and infant lives deserve the highest priority and demand the best professional skill that is available," said Dr. Taylor.

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Polio in the United States

(Continued from page 310)

nurses increased the difficulties of medical authorities in providing adequate care for record numbers of polio patients.

Two nurse orientation centers, set up at State Universities in Arkansas and Oklahoma last year demonstrated that increased efficiency on the part of recruited nurses results when such a plan is followed. Nurses went into the polio wards after orientation with competent assurance of their ability to meet the nursing needs of polio patients, despite the fact they had been trained on the spot during the height of epidemics raging in those particular states. Until polio actually strikes, there is no way of knowing which areas will require additional personnel or training facilities. As a flexible measure of preparedness, the National Foundation, through JONAS, therefore has devised this new system of making special training available wherever and whenever it is needed.

Many State Universities which have schools of nursing are assuming responsibility for conducting orientation courses for nurses recruited for polio in any part of their states.

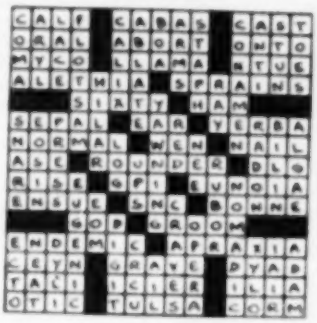
But whether such training is provided by university, hospital or JONAS, the important and new fact this year is that intensive courses will be available wherever recruited nurses go on polio duty. Any nurse willing to serve this year need not hesitate to answer the call to emergency service.

Nurses who have not yet had opportunity for special polio instruction or training can request the National Foundation or their own nursing organizations to sponsor an institute or training course in their own community.

"To encourage local nurses to accept more responsibility for the treatment of polio in their own communities, another new development has taken place. Polio nursing committees have been set up this year through the auspices of the National Foundation. Believing with medical authorities that the local nurse can make a wider contribution to patient care when she is familiar with the hospital, the physician and the community, these committees are surveying the local situation, preparing to enlist local nurses for service before making an appeal for outside help in case of a polio emergency. These committees are headed by the Disaster Vice-Chairmen of local Red Cross Chapters.

All nurses are recruited for polio duty by the American Red Cross. Their transportation is paid by the National Foundation and their salaries are underwritten jointly by hospitals and National Foundation Chapters. A slightly higher rate is usually paid for all communicable disease nursing but in setting up salaries for polio nursing no differential has been allowed because the National Foundation has insurance coverage for recruited nurses who contract polio. This covers medical and hospital expenses, as well as a salary stipend on a decreasing rate over a period of a year.

Solution to Crossword Puzzle on Page 328



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REFERENCES: 1. J.A.M.A., 128: 490, 1945. 2. West. J. Obst. & Gynec., 51:150, 1943. 3. Clin. Med. & Surg., 46:327, 1939.

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News For Nurses

(Continued from page 304)

The Joint Orthopedic Advisory Services Of NOPHN and NLNE Will Continue

The National Organization of Public Health Nursing, by means of recent grants totalling $79,281.00 from the March of Dimes, will be enabled to continue the Joint Orthopedic Nursing Advisory Services to nurses, nursing schools and public health nursing agencies and to provide aid during epidemics.

One of the March of Dime grants amounting to $36,081.00 will continue the work of the Joint Orthopedic Nursing Advisory Service for a program of advisory service which has been in operation since 1939 to promote better care of the orthopedic patient and particularly the infantile paralysis patient.

The general purpose of this project is to assist nursing schools in better preparing their students in the principles of body mechanics and posture. This project also assists nurses directly through consultation and prepares and distributes educational materials for nurses who are caring for patients with polio or other orthopedic disabilities.

The other March of Dimes grant of $42,200.00 will enable the Joint Orthopedic Nursing Advisory Service to make nursing consultants available to hospitals in polio stricken communities for training nurses in polio treatment procedures. The funds will also permit the nursing organization to aid communities in making advance preparations for a possible increase in polio incidence by setting up nurse training institutes in a community's hospitals.

Announcements

A workshop on Financial Administration in Schools of Nursing will be conducted at the St. Joseph's Hospital, Denver, Colorado on July 24-28, 1950. On November 20-24, 1950, a second workshop will be held at the Mercy Hospital, Baltimore, Maryland.

Registration fee is $25.00. Applications should be sent to The Conference of Catholic Schools of Nursing, 1438 South Grand Boulevard, St. Louis, Mo.

The Alumnae Association of the Capital City School of Nursing, Gallinger Municipal Hospital, Washington, D. C., is planning a Homecoming to be held all day Saturday, October 14, 1950. They are most anxious to let all the graduates and friends of the school know about this event. Please send addresses of persons who should be on school's mailing list to the Gallinger Municipal Hospital, Box 57, Gallinger Nurses Residence, Washington 5, D. C.

In Memoriam

Lt. (jg.) Lila Lois Garetti, NC, USN, age 26, died on May 27 due to injuries resulting from an automobile accident at Luning, Nevada. At the time of her death she was assigned to the Dispensary of the Naval Ammunition Depot, Hawthorne, Nevada for duty.

Lt. Helen Neoma March, NC, USNR, 43, died on May 5 due to injuries received in an automobile accident that date. At the time of her death, Miss March was on active duty attached to the Dispensary of the Naval Supply Depot, Mechanicsburg, Pennsylvania.

Ensign Lillian May Adams, NC, USN, retired (inactive), died at the age of 64 on May 11 at the Naval Hospital, Philadelphia, Pennsylvania after a prolonged illness.

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Only one uniform method of packing

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